TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 2 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301

	07686			CERTI	FICATE	OF DE	ATH			076	62	- 37	
1.	PLACE OF DEATH o. COUNTY					2. USUAL RE	SIDENCE (Where deceos	ed lived, if institu-	tion: Reside	nce befor	re odmilssio	on)
	F	BALTIMORE			RYLAND	O. JINIL	MA	RYLANI) ". (00	1411		,	6
Е	b. CITY OR TOWN (lf outside corporate limit d give nearest tawn)	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to						t town)	
F	ORT HOWAR	KD CD		60 DAYS	5	BAIT	IMORE				30	. 11	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, g	ive street address)	1.53	d. STREET AD	DRESS					e. IS RESID ON A FA	DENCE ARM2
V	ETERANS A	DMINISTRAT	ION HOS	PITAL		907 N	. Col	lingto	on Ave.				NO X
3.	NAME OF DECEASED		rst	Middle		Lost		4. DATE	Mon		Doy	Yeo	ar
	(Type or print)	JE	RRY	MARSHA	IL	AL	LEN	OF DEATH	JU	NE	17	19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED [8	. DATE OF BIR		9	. AGE (In years lost birthdoy)	IF UNDER Months		IF UNDER	
	MALE	WHITE	WIDOWED	DIVORC	ED 🔲	9 19 9	96		70 yrs.	MOIIIIS	Days	Hours	Min.
	o. USUAL OCCUPATION ring most of working	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLA	CE (County	& Stote, or for	eign country)		ITIZEN OF		
00	DYE SETT		STE			ALEXA	NDRIA	. VIRO	GINIA	U.	S.A.		
13	. FATHER'S NAME					14. MOTHER'	S MAIDEN I	NAME					
L		H. ALLEN				EMMA .	ALLIS	ON					
1S (Y	es no or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16. !	SOCIAL SECURITY NO.	17. 1	NFORMANT	0.00		Addr	ess			
1	YES	WW-1	21	3 07 6074	CLI	N. REC	., VE	T. ADI	M. HOSP.	, FT.	HOW	ARD,	MD.
	18. CAUSE OF DI	ATH (Enter only one co	use per line for	(a), (b), ond (c).)		Assistant :					INT	ERVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) BF	RONCHOGENI	IC CAF	CINOMA					UNK	NOWN	EATH
	1621	DUE	TO										
	Conditions, if ony	e couse (a)	(b)										
	stoting the unde		TO										
	lost.)	(c)										
S		GNIFICANT CONDITIONS (ELATED TO T	HE TERMINAL D	SEASE CON	NDITION GIVE	N IN PART 1(o)		19.	WAS AUTO PERFORM	DPSY ED?
I S		DERNAL INSU									Y		NO A
MEDICAL CERTIFICATION		SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	SCRIBE HOW INJURY	OCCURRED. (Enter noture of	f injury in	Port I or Port	t II of item 18.)				
MEDICA	2Dc. TIME OF INJU Hour o.r p.r	JRY Month, Doy, Yeor n. 19	20d. IN While at work	JURY OCCURRED Not While at wark		E OF INJURY (i			(City or town)	(Co	ounty)	(Stote)
	21. I certif	y that (4) (this has	pital) attend	led the deceased	from A	pril 1	8, 1	9_67, to	June	17, 19	67, th	10 PCP (1	we) las
	saw the de	eceased alive on_	June 1	.719_67,	and that	death accu	orred at	9:00E	fram causes	and an t	he dat	e stated	abave
	22o. SIGNATURE	0 4	0			ATTENDING		MED.	STAFE		ATE SIGN		12:1
		() 17	- /	110	M.D	. PHYS.		DIRECTOR	PHYS.	X 6/.	18/6	7	
	22c. PHYSICIAN'S NAME (Type)	ANCELITA A	TOPAC	CIO, M.D.		22d. ADD VA 1		TAL, I	FORT HOW.	ARD,	MARY	LAND	
23	o. BURIAL, CREMATIC			23c. NAME OF CEA	METERY OR C	REMATORY		23d. LO	CATION (City or To	wn)	(County) (5	tote)
	REMOVAL (Specify	0 01	-67	Baltimo	re Na	tional			Baltimo	re, M	aryl	and	
2	4. FUNERAL DIRECTO	R		2334 Jef	feren	n St.		BY REGISTR	AR 2Sb. RE	EGISTRAR'S	SIGNATUR	Elana.	
J	ohn A. Mi	ller Funer	al Home	Baltimo	re. M	arylan	PATE JI	JN 19	1301	ycha	rus	10	-

that 4.70 gallery changes by the few thrown by thrown thrown property and the few of the

The state of the s

MONEGRED DESCRIPTIONS

DEPART TRAVETOTIVES

rr fo fi earl fo 9:00:0 X 9:00

AMERICA M. TOP-CIO, M.D. VA HUSPITAL, FORT HOMARD, MARYLAND

78/86/67

forstynuk, entriklik yresterni lanojaki rionzilos

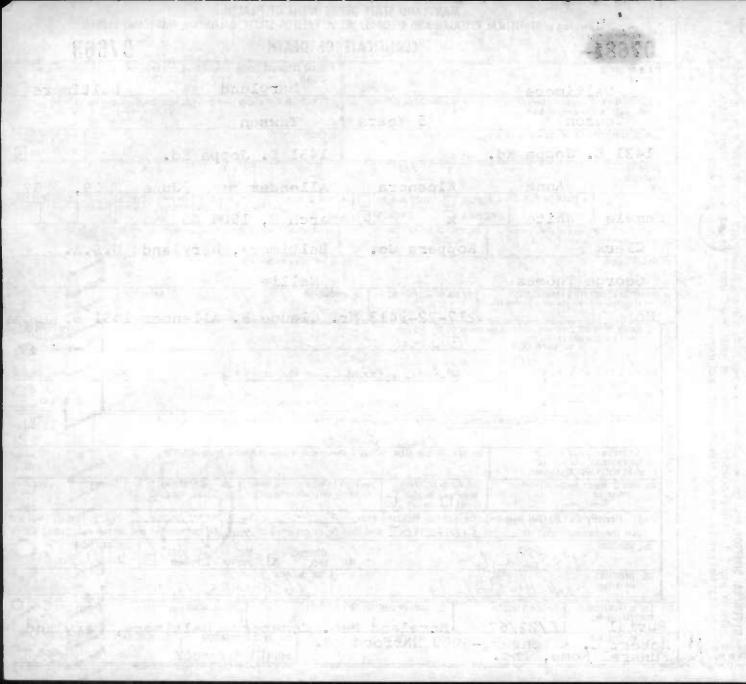
MARYLAND STATE DEPARTMENT OF HEALTH

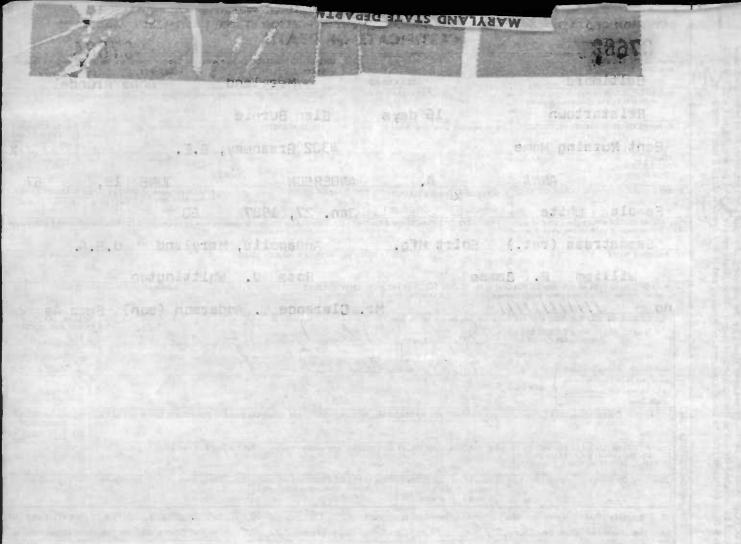
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	U/081-				CEKTIFICA		04003		
1		PLACE OF DEATH					Where deceosed lived, if institutio		
4	(o. COUNTY			MARYLAND	o. STATE Mary:	b. COUNT	Baltimore	
ŀ	ŀ		timore utside corporote limits.		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	Itside corporote limits, write RURA		
		write RURAL and gi	ve nearest town)		5 Years			03.1	
ľ	0	I. NAME OF HOSPITAL	OR INSTITUTION (If not	in hospital, g	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE	
		1431 E.	Joppa R	d.		1431 E.	Joppa Rd.	ON A FARM? YES NO	
Ī		NAME OF	Firs	t	Middle	Lost	4. DATE Month	Doy Year	
ı		DECEASED Type or print)	Anna		Eleanora	Allender	of DEATH June	19. 1967	
Ì	S. S	SEX 6	COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.	
ı	F	emale	White	WIDOWED	DIVORCED [March 8.	1904 63 yrs.	Months Doys Hours Min.	
ŀ	10o.	USUAL OCCUPATION (G	ive kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign country)	12. CITIZEN OF WHAT	
ı	duri	ng most of working life,	even if retired)	KO	ppers Co.			COUNTRY?	
ŀ	_	FATHER'S NAME		110	Phera co.	14. MOTHER'S MAIDEN	re, Maryland	I U.S.A.	
			Thomas			Nellie			
ŀ	15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. 3	SOCIAL SECURITY NO. 1	7. INFORMANT	Addres	S	
l	(Yes		yes give wor or dotes of						
ŀ	7	NO DEATH	H (Enter only one cous			Mr. Claude	H. Allender	INTERVAL BETWEEN	
l			WAS CAUSED BY:	(Berelia, To	7 0		ONSET AND DEATH	
l		350X	IMMEDIATE CAUSE (-1	eren and to	rantosia		Harys	
ı		Conditions, if ony, wl	DUE T		a. t	m. 0 mm. n.		10 (10 0)	
l		rise to immediate co	nuse (n)	b)	en uncon	our, gene	angen	10 900	
		stoting the underlyi		c)	Perkensons	Deseau		6 yrs	
ı	1	PART II OTHER SIGNI		,	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY	
١	NO.	TAKI II. OTTEK SION	TICALLY COMPTHOUS CO	IN NOTING	Malnut		TOTAL OFFICE IN TAKE ((0)	PERFORMED?	
I	₹.	OO. ACCIDENT WAS US	IDERLYING ET	Loos pr			D-A1 D-AH 103	YES NO	
l	MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURE	ED. (Enter noture of injury in	Port I or Port II of item 18.)		
ı	3	20c. TIME OF INJURY		20d. IN	JURY OCCURRED 20e.	PLACE OF INJURY (Home, form	n, 20f, (City or town)	(County) (Stote)	
ı	WED	Hour o.m.	19	While	Not While	foctory, street, office bldg., etc.			
l		p.m.		at work		26	10/3 to //	10 / St About / 1\ /	
ı			ased olive an	etten) afferx	ded the deceased from	that death accurred at	412 M from courses of	, 1967, that (I) (we) los nd on the date stated above	
ı		220. SIGNATURE	dised onve dif	109	Trop, and	mar deam accorded at	7 1 327-11, Holli causes o	22b. DATE SIGNED	
l		ZZO. SIONATORE	1171Ba	relies	U	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	21 June 67	
ı		22c. PHYSICIAN'S	11	9 1	/ 10	22d. ADDRESS	4.10	0	
		NAME (Type)	H.H.	BAYL	-03	1600	WILKENS AVE		
F	23o.	BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tow	n) (County) (Stote)	
I	F	REMOVAL (Specify)	6/22/	57	Moreland	Mem. Cemete	ery Baltimo	re Maruland	
1		FUNERAL DIRECTOR			009 MEFfor	Rd 2So. REC'	BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE	
1	スロ	opert C.	Iome Inc		JOJ HALLOL	DATE IN	NO 0 1007 00	Marelas Judge	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. ord completely filled in by the funeral segments and segments or and any event, within 72 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then pledse shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and

VR A15 (4) 1 20 M 1/66





duriel june 220 a by the doubtion feet first on the the tend The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07683	CERTIFICATE	OF DEATH	976	565					
	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	deceosed lived, if institution: Residence b. COUNTY						
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Baltin	corporote limits, write RURAL ond give	nearest tawn)					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho St. Josephs Hospital	ospitol, give street address)	d. STREET ADDRESS 1209 Delb	ert Avenue	e. 15 RESIDENCE ON A FARM? YES NO.					
	NAME OF First DECEASED (Type or print) Tohn	middle AN	IDRYSZAK C	DATE Month DF June 10	Doy Year 7					
S.	male white	ARRIED NEVER MARRIED B	DATE OF BIRTH 12-25-35-193	O 9. AGE (In yeors lost birthdoy) Months Months	YEAR IF UNDER 24 HRS. Doys Hours Min.					
dur.	o. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) achine Operator	10b. KIND OF BUSINESS OR INDUSTRY Lithographing			IZEN OF WHAT UNTRY? U.S.A.					
	Adam A. And	ryszak	14. MOTHER'S MAIDEN NAME Mary A. G							
	was deceased ever in U.S. armed Forces? es, no, or unknown) (If yes give wor or dotes of service Yes 1949-50 2	12-28-6214 Mrs	Frances C.	Andryszak, 1209	Ave Delbert					
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 592 X DUE TO Conditions, if ony, which gave rise to immediate couse (o),	line for (o), (b) ond (c). Uremia Renal failur	re .		INTERVAL BETWEEN ONSET AND DEATH					
	stoting the underlying couse DUE TO ost. OTHER SIGNIFICANT CONDITIONS CONTRIB	chronic ne	•	N GIVEN IN PART 1(a)	19. WAS AUTOPSY					
FICATION										
CERT	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I	or Port II of item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m.		E OF INJURY (Home, form, rry, street, office bldg., etc.)	20f. (City or town) (Cou						
	saw the deceased drive dil	attended the deceased fram	death accurred at 6:	7 to June 10, 19 40 M, from causes and an th	67, that (I) (we) last ne date stated abave					
	220. SIGNATURE / Selecto	terrey M.D	111191	STAFF - 6.	TE SIGNED -10-67					
		rerest /		Road, Baltimore	21204					
	b. Burial, Cremation, REMOVAL (Specify) 6/14/67	23c. NAME OF CEMETERY OR C	В	altimore. Mar	(County) (Stote)					
24	4. FUNERAL DIRECTORM . F SADOWSK	1 & SONDESS	Que DATE DAY BY	egistrar 2sh egistrar's si	GNATURE					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then the permit carbon papers. Pages Land 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

supers resulted 60.5 to 2 days of the control of th And the second of the second o

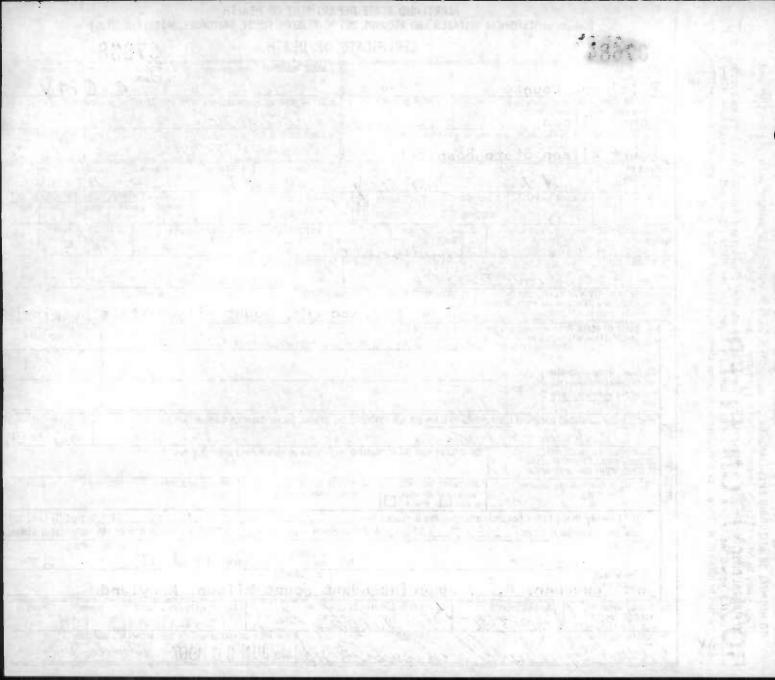
John T. Terr P. State Court Court Transport

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07684 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY Baltimore County MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tows write RURAL and give nearest town) LTIMORE Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Mount Wilson State Hospital YES NO Z NAME OF 4 DATE Dov Year DECEASED OF DEATH JUNE 1967 (Type or print) S. SEX 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE lost birthdoy) Months Doys Hours WIDOWED DIVORCED 10p. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY LABORER 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED FORCES:
(Yes, no, or unknown) (If yes give wor or dotes of service) 298-16-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mount Wilson State Hospita Records. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH TAR ADYANCED PULMUNARY UBERCULOSIS IMMEDIATE CAUSE (o) DHE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) OHULISM NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) Hour o.m foctory, street, office bldg., etc.) Not While ot work 21. 1 certify that (1) (this haspital) attended the deceased fram 19 that (I) (we) last and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** Uwann M.D. PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S WmNAME (Newcomer. M.D., Superintendent Mount Wilson, Maryland 23d. LQCATION (City or Town) (County) (Stote)

requires that the death certificate be executed within 24 haurs after death er death filled in by the funeral papers. Pages, I and hours aft within 72 carbon ond campletely event, repaeve ony eose ond physician signed by the ottending physical-tronsit permit. Then publical, cremotion, or removol, be retained by the hospitol or attending physician. the Dept. of Heolth prior to hos been 00 TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: detached Stote [filed with the director, page should be filed TO HOSPITAL Poge 4 moy b

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

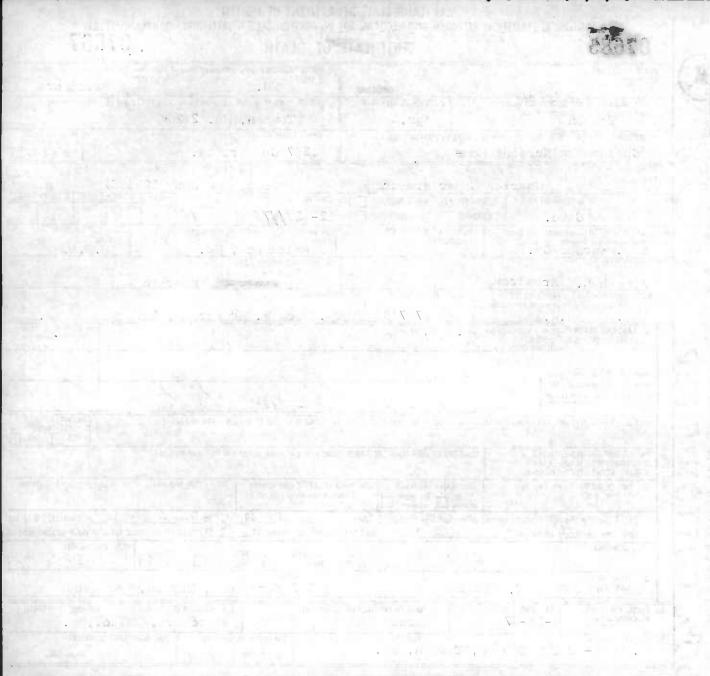
076	85	Items #	CERTIF	CATE	OF DEA	IH bc			070	567		
1. PLACE OF DEA			MAR	YLAND	o STATE	ENCE (Where	deceased lived,	if institution b. COUNTY	V		admission.more	
b. CITY OR TO write RURA	WN (If outside Corporate limit and give nearest town)	rs,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Towson, 'Md. 21204							
			lyr.				Md. 212	04	1.	3.1	IC DECI	DENICE
	ospital or institution (if n apeake Nursi:	, ,	ive street dooress)		d. STREET ADDR	culver	+ Dd				ON A F	
3. NAME OF		irst TTOILLE	Middle		Last		DATE	Month		Doy	YES Ye	
DECEASED	01		ar Armstro	no	LU31		OF DEATH Jun		1967	DOY	19	uı
(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED			. DATE OF BIRTH		9. AGE (In	vegrs	IF UNDER	1 YEAR	IF UNDER	24 HRS.
M	Cauc.	WIDOWED	DIVORCE		12-1218	87/	77 ost bir	thday) yrs.	Manths	Days	Hours	Min.
during most of wo	ATION (Give kind of work done rking life, even if refired) Warner Co.		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE		te, ar fareign caun		CO	TIZEN OF UNTRY?		
13. FATHER'S NA	ME	ong			14. MOTHER'S N			naan	1 0	.0.1	7.0	
Josep 15. WAS DECEASE (Yes, no, or unknown Yes.)	ED EVER IN U.S. ARMED FORCES?	af service)	OCIAL SECURITY NO.		NFORMANT	k. Ar		Address		vert	R.d.	
Conditions, inse to immestating the	fany, which gave ediote couse (o), underlying cause	(o) P (b) (b) (c) D	nem iah	no efer	ryle tes	me	eme	- tu	\$	ONS	ERVA BET	DEATH
CATION	IER SIGNIFICANT CONDITIONS										WAS AUT PERFORM ES	NO [
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED.	Enter nature of in	njury in Part I	ar Part II af itei	m 18.)			-74	
Hot Hot	F INJURY Month, Day, Yeor ur a.m. p.m. 19	While at wark		facto	E OF INJURY (Har ory, street, office bl	dg., etc.)	20f. (City or			unty)		(State)
		spital) attend	led the deceased	from and that	t death accuri	red at 6:	M Stam	causes a	nd an t	he dat ATE SIGN	e state	we) las d abave
22c. PHYSIC NAME	CIAN'S (Type) GEORGE T,	GILMOR	ulma E	e Mi	22d. ADDRE	SS		vson,	1	rlan	クラ _で	1967
23a. BURIAL, CRE REMONALIS	MATION, 23b. DATE THE 6-26-67		23c. NAME OF CEM Druid				23d. LOCATION (0 Balt ó mo	re, B	Balto		1.	state)
24. FUNERAL DIE Wm. Co	RECTOR Ook-Brooks To	wson, T	ADDRESS owson, Md.			a. REC'D BY 1	REGISTRAR	2Sb. REGI	ISTRAR'S S	-		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer demanded.



THE STATE OF STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	2) [0 8000			CEKII	FICATE	OF DEA	III -			UTho	Ö	
that the death certificate be executed within 24 haurs after death an.	de att	/	1. 1	PLACE OF DEATH			Transfer in the state of		2. USUAL RESID	ENCE (When	re deceased	lived, if institu	utian: Residenc	e before o	odmission)
de	funeral s 1 and ter death			COUNTY D	1				o. STATE	1		D 16, COI		1	/
le.	he fur ges 1 after			Dal	p'more			RYLAND	/r) d	-	04-PC	7	Q-	
£ .	af af		-	 CITY OR TOWN (If or write RURAL) and given 	tside corparate limit	5,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW	N (If outside	e corporote	limits, write R	URAL ond give	nearest t	awn)
urs	n by the f s. Pages haurs afte			The Kokke ond give	e lieulesi iuwii)				130	Lin	nord			3	2-4
hai.	in b ers. 2 ha	0	-	NAME OF HOSPITAL O	R INSTITUTION (If no	ot in haspital.	give street address)		d. STREET ADDR	ESS 5 7 1.9	9 Win	ner A	venue	e.	IS RESIDENCE ON A FARM?
74	d in		5		1 11	or in naspiral,	()		XXXXX	XXXX	XXX	XXXX	XX		
E :	Page 1	1	-	ward Li.	-42 N	Ursine	Home		101111	37774	-422742	Araberr	25/25/	YE	S NO X
臣 ,	and campletely filled in remave carbon papers n any event, within 72 h			VAME OF	Page 1	rst <	Middle	1	Last	4.		Ma	nth	Doy	Year
3	E &	/		DECEASED Type or print)	730	nes V	Villiam	1-1+	KINSON	JSn.	OF DEATH	6		24	19 67
bet .	ve co	1	S. 5		COLOR OR RACE	7. MARRIED	NEVER MARRIE	3 [] (13	B. DATE OF BIRTH			GE (In years	IF UNDER 1	YEAR I	F UNDER 24 HRS.
S	ave /	1		lan	,		3.5		7 12	1,88,7		GE (In years ast birthday)	Months		Haurs Min.
ex .	oma any			Male	White	WIDOWED-	-		1-12-	XXX		X(X 7 9 s.			
96	physician and ien please rem aval, and in an	. 1	10a.	USUAL OCCUPATION (Ging mast af warking life,	ve kind of work dane	10b. K	IND OF BUSINESS OR		JL BIRTHPLACE	(County & St	ate, ar farei	gn country)		IZEN OF V	VHAT
e e	lease and i	7	duri	aptain Fi	even a remed)	II.	IDUSIKI		1 13 /4	Smar	ve .	mil	lus.	UNTRY?	
cat	ple),		13.	FATHER'S NAME	e nepr.	1	The state of	72.10	14. MOTHER'S M	AAIDEN NAM	E			_	
Ξ.	ling phys Then premayal,		1	10/1/1	/slat	120		1800	(m)	2	. 1				
e	E The	-		A A 1 1 1 15	W I A		son			MOLL	70	4.11			
£ :	.t di		15.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	of service) 16.	SOCIAL SECURITY NO.	1/.	NFORMANT James	W.A	tkins	on Tr	5719	Winn	ner Av
dec	attendi permit. ian, ar r		110	s, no, or unknown) (If y	WW1	21.	3-50-6636	XX	XXXXX	XXXX	XXX	XXX		** 1111	ICI ZIV
9		F		18. CAUSE OF DEATH					6)	INTER'	VAL BETWEEN
= .	d by the I-transit p I, cremati			PART I. DEATH V	VAS CAUSED BY:	n	0, 0, 0, 0	-1	OT	-	1.	-6	1		AND DEATH
ha.	ran			4201	IMMEDIATE CAUSE		1 A D C. DJ	4.3	1. M	Tore	100	700	110011	7 1	247
S	P + - '				DUE	TO	/		1					20	1/25
uire	signed burial-t burial,		22/	Conditions, if any, wh		(b)	rterie	550	(evos	5				20	113
b d				rise to immediate co		TO									/
ing.	been s the iar ta			last.	g coose	(c)									
P P	9.00			PART II. OTHER SIGNII	TICANT CONDITIONS		TO DEATH BUT NOT DE	HATED TO T	UE TERMINAL DICE	ASE CONDIT	ION CIVEN	N DADT 1/m		10 W	V2QOTIIA 2A
he	icate has far use a: Health pr	0	8	PART II. OTHER SIGNII	TCANT CONDITIONS	ONIKIBUTING	TO DEATH BUT NOT KE	ELAIED TO I	HE TERMINAL DISC	ASE CONDITI	ON GIVEN	IN PAKE I(U)		PI	AS AUTOPSY ERFORMED?
T in	cate ho ar use Health	1	FICATION		Co	228	2 mg	1,12	and .	Tal	XUVY	1		YES	NO D
AN	far		Ĕ	20a. ACCIDENT WAS UN		205. DI	ESCRIBE HOW INJURY	OCCURRED.	Enter nature of in	njury in Part	I or Part II	of item 18.)			
Dia	-		CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY MED											
G PHYSICIA the hospital	this cert etached Dept. a		3	20c. TIME OF INJURY		20d 1	NJURY OCCURRED	20e PLA	CE OF INJURY (Har	me form	20f. (City or tawn)	(Cau	inty)	(State)
a e	et de De		MEDICAL	Haur a.m.		While			ary, street, affice bl			,			(0.0.0)
SE Y	Nfter to be de State		2	p.m.	19	atwar									
50	Afte be Sta		9.	21. I certify	that (1) (this has	spital) atten	ded the deceased	fram	0/17			4/	224, 19	e tha	(we) last
LEN Dec	# Pe e			saw the dece	ased alive an_	6/24	1967,	and that	death accurr	red at 3	:30 M,	fram cause:	s and an th	ne date	stated abave.
Toil	ECTOR: / 3 shauld with the		н	22a. SIGNATURE	<u> </u>	1						11 11 11	22b, DA	ATE SIGNED	3
- P	3° × ×				3 4	7	· De A	3 M.I	ATTENDING PHYS.	DIR MEI	D. RECTOR	STAFF PHYS. [1 0	124	11.7
0 0	poge filed			22c. PHYSICIAN'S	1-01	- >>	100	PUNI	22d, ADDRE		LCION L	- FIII3. L	/		
Z	RAL poo	X/		NAME (Type)	Dr	. Davi	d E. Zicks	foos		/EW	11~	- 0 5	-1/wai	4-(1)	on mal.
TO HOSPITAL OR ATTENDING Page 4 may be retained by t	d b	1		V-11-7						LYV	10	1	-1 (1 00)		11.10
e 0	director shauld	0	23 a	BURIAL, CREMATION,	23b. DATE TH	EREOF	23c. NAME OF CEA	METERY OR	CREMATORY			TION (City or T		(Caunty)	(State)
000	하는 등 등	1	Вι	REMOVAL (Specify)	6-27-6	7	Lorraine	e Cen	neterv]	Baltin	more,	Maryla	and	
-	= (F		FUNERAL DIRECTOR			ADDRESS			a. REC'D BY	REGISTRAR		REGISTRAR'S SI	GNATURE	
V	R A15 (4)		E	llsworth A	rmacost	-4600	Liberty	Hahts	Ave	ATELLIN S	2 6 19	367	Charl	and you	THE .

111 the particle of the first world Michael Commission World for the Commission Commission States Dr. David E. Mickey Count 1 71: Y-----

Charles Annual Control

07687		CERTIFIC	ATE OF DEATH	0	7669
PLACE OF DEATH o. COUNTY Bal	timore	MARYLAN	O. STATE	CE (Where deceosed lived, if institution b. COUN	
b. CITY OR TOWN (If write RURAL and	outside corporote limits, give nearest tawn)	c. LENGTH OF STAY IN 18		f outside corporate limits, write RUR imore 21234	AL ond give neorest town)
	OR INSTITUTION (If not in b Joseph Hospi		d. STREET ADDRESS 3016	Woodhome Ave.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first Giovannino	Middle D.	Lost Barrasso	4. DATE Monti	Doy Year 26 19 6 7
s. SEX male		MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6-24-97	9. AGE (In years last birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HR. Months Doys Hours Min.
10o. USUAL OCCUPATION during most of working li	Give kind of work done fe, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Merchant Marin	e Italy	unty & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Anthony			14. MOTHER'S MAID	Maria S. Rug	giero
1S. WAS DECEASED EVER (Yes, no, or unknown) (IN U.S. ARMED FORCES? If yes give wor ar dates of serv	16. SOCIAL SECURITY NO. 213-07 5897	Mrs. Virgini	Addre a Barrasso- Same	
PART I. DEATH // 20/ Conditions, if ony, rise to immediate stating the underl	couse (o),	Acute myocardi Thrombosis of Atherosclerosi	the left con	renary artery	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIG	nificant conditions contri es Mellitus	BUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES X NO
Diabet 200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCUP	RRED. (Enter noture of injury	y in Port I or Port II of item 1B.)	
2Dc. TIME OF INJUI	10	20d. INJURY OCCURRED 20d While Not While of work	le. PLACE OF INJURY (Home, factory, street, office bldg.,	etc.)	(County) (Stote)
saw the de	that (1) (this haspital ceased alive of June	attended the deceased fra 2619_67, and		, 19 67 , to June 2 at5:20PM, fram causes of	and an the date stated above
220. SIGNATURE	Jocks	un MD	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6-27-67
22c. PHYSICIAN'S NAME (Type)	Manuel Cockb	urn, M.D.	22d. ADDRESS 7620	York Rd. Baltimo	ore, Md. 21204
230. BURIAL, CREMATION	6/30/67		ry or crematory Faith Cem.	23d. LOCATION (City or Tov Baltimore, I	, , , , , , , ,
24. FUNERAL DIRECTOR		Gardens of ADDRESS Harford Rd.	250.		Maryland GISTRAR'S SIGNATURE

completely filled in by the funeral low-carbon papers. Pages 1 and 2 y event, 1 jihin 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death v event, **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and *A* director, page 3 should be detached for use as the burial-transit permit. Then please remoshould be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in any Poge 4 may be retained by the hospital or attending physician.

. with the contract of the con

To the state of the second state of the second

The contract of the second of

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. death. executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07688	CERTIFICATE	OF DEATH	O.	7670
1.	PLACE OF DEATH a. COUNTY	MARYLAND 2	a. STATE	here deceased lived, If institution: R	Residence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		. CITY OR TOWN (If outs	de corporate limits, write RURAL	and give nearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	nital give etract address.	STREET ADDRESS	nore	30. H
	Greater Balle	Med. Cen	ID. E.	Twood Drive	ON A FARM?
3.	NAME OF PIrst DECEASED (Type or print) Charles	Jackson P	Last 4.	DATE Month OF DEATH	Day / 7 Year 19 6 7
5.			DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
100	Male White WIDOWED	DIVORCED	1/23/23	4 9 yrs.	Days Hours Min.
dur	ring most of working life, even if retired) IND	DUSTRY	11. BIRTHPLACE (County &	k State, or foreign country) 12. C	ITIZEN OF WHAT DUNTRY?
13.	udio Visual OFFICEH Edg	rewood Arschal	4. MOTHER'S MAYDEN N	Id. C	159
	Charles Barto	n Bet	2.36 2.1	iams	
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC es, no, or unkown) (If yes give war or dates of service) 21.7	OCIAL SECURITY NO. 17. INF	DRMANT	Address	
	yes WII C	nknown Am	elia Barton	(nee Oleska), abo	ove, wife
	18. CAUSE DF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).]	10	5 + 4	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a)	resmona o	7 Kung	with melastas	
	Conditions, If any, which				
	gave rise to Immediate				
	cause (a), stating the DUE TO underlying cause last.				PART OF THE
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	INC TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	E CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY
ICATI					PERFORMED?
ZTE	20a. ACCIDENT WAS UNDERLYING 1 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of Injur	y In Part I or Part II of Item 18	.)
CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
AEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJU Hour a.m. While p.m. 19 at work		OF INJURY (Home, farm, street, office bldg., etc.)	20f. (City or town) (Cou	inty) (State)
	21. I certify that (I) (this hospital) attended		- 12 . 1967	1. to 6-17 . 196	7. that (I) (we) last
	saw the deceased alive on 6-17			M, from the causes and on t	
	22a. SIGNATURE	0		22b. D.	ATE SIGNED
	The bradelle Those		ATTENDING MED. PHYS. DIREC	TOR PHYS. 5 6 -	17-01.
	22c. PHYSICIAN'S NAME (Type) SAMI MOR	RUSDN.	gler. Bal	Shariore Sheds	cal Centre
23a	BURIAL CREMATION, 23b. DATE THEREOF 1: 6/22/67	23c. NAME OF CEMETERY OR	0	d. LOCATION (City, town or cou	inty) (State)
24.		Baltimore Nati	onal Cemeter	REGISTRAR 25h REGISTRAR	e elenating
7-4.	. FUNERAL DIRECTOR Schimunek Funer 3331 Brehms Lar	ral^Home ne #13	25a REC'D BY	1967 filance	Judge.

VR AI5 (4) 20M 1/65

Make a provide a color of the Cart Cart Cart

A CONTRACT OF THE PROPERTY OF

The same and the s

he

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 with

5 may be retained far your files.

VR A15ME (5)

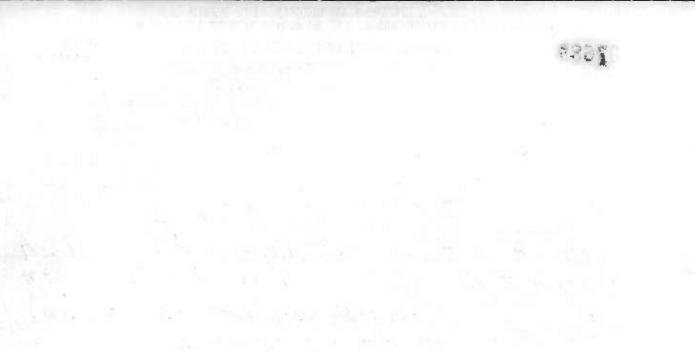
This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07689 MEDICAL EXAMIN	ER'S	CERTIFICATE OF	DEATH	0767	1
/		PLACE OF DEATH O. COUNTY O. COUNTY		2. USUAL RESIDENCE (Who	h (titution: Residence befo	are admissian)
		MARYL		/// 1/	•	BAM	0.
		b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn).	lb	c. CITY OR TOWN (If outside	de corporate limits, write		
		TOWSON		d. STREET ADDRESS	10.0	23.	e. IS RESIDENCE
8		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		YORK	RD.		ON A FARM? YES NO
		NAME OF DECEASED (Type or print) RICHARD H Middle	3AL	BLITZ 4	OF DEATH Jus		1967
	S.	SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED		ct, 17.192	9. AGE (In year) Manths Doys	Haurs Min.
	duri	USUAL OCCUPATION (Give kind of work done or individual of work done or individual of working life, even if retired) OTEMATOR OF BUSINESS OR INDUSTRY FATHER'S NAME	ot.	11. BIRTHPLACE (State or	fareign country)	12. CITIZEN C	WHAT -
		Voseph H. Baublitz.		14. MOTHER'S MAIDEN NAM	E, Ti	11 ma	77.
	IS. (Ye	WAS DECEASED FVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes give war or dates of service) 478-30-383	K	with K. Ba	white, O	arktor	md.
		IMMEDIATE (AUSE (g)	0119	- INFAR	cnow		TERVAL BETWEEN NSET AND DEATH
		H201 DUE TO					
		Canditians, if any, which gave rise to immediate cause (a), (b)					
		stating the underlying cause lost. (c)					
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	119	. WAS AUTOPSY
	ATION	200000000000000000000000000000000000000					PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ CAUSE OF DEATH.	URRED. (Enter nature af injury in Par	t I ar Part II af item 18.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark		E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City ar town	(Caunty)	(State)
		21. I certify that I taak charge af the remains-described abo	ave, hel	d an Autapsy 🔲,	Inspection	nquiry and	d in my apinian
		death resulted fram: Natural causes, Accident [],	Suici	de 🔲, Hamicide 🗌	, Undetermined	manner 🗌	
		ACTUAL Williama Lieselin)	CHIEF MEDICAL EXA			22. DATE SIGNED
2	Y.	EXAMINER'S WILLIAM A. PILLSB	ur	DEPUTY MEDICAL E Address (Street, ci	Ty, fown, of country	md 6	25-67
		BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMET 25 P. C. A. M. C. C. A. M. C. C. C. A. M. C.	ERY OR/O	EPISCOPAL	23d. LOGATION (City of	Ton, 1	Nd.
1	19	Lander Hall Tenston Mour Her Co.	don	PA SMIN 9	Y REGISTRAR 25b.	REGISTRAR'S SIGNATU	IRE LOGIC



27	b. CITY OR TOWN (write RURAL on FORT HOV	ITIMORE If outside corparate limit: d give nearest town) VARD TAL OR INSTITUTION (If no	s,	MARYLAND	a. STATE MAR	Where deceosed lived, if institut b. COU	tion: Residence before odmission)
	b. CITY OR TOWN (write RURAL on FORT HOV d. NAME OF HOSPIT	If outside corparate limit d give nearest town) VARD	S,				
	d. NAME OF HOSPIT	VARD			c. CITY OR TOWN (If a	utside carporote limits, write RU	RAL and give nearest tawn)
	d. NAME OF HOSPIT			124 DAYS	BALTIN	MORE	30-11
	VETERANS		ot in hospital, g		d. STREET ADDRESS	20143	e. IS RESIDENCE
	A BUT DIE	ATMITTER	ATTON H	OSPTTAT.	440 E. GR	INDATAL STREET	ON A FARM? YES NO
	NAME OF		rst	Middle	Lost	4. DATE Man	
1	(Type or print)	PTC	HARD	W.	BEGGS	OF DEATH JUN	E 21 1967
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
	MALE	WHITE	WIDOWED	X DIVORCED	1/23/13	last pirthday)	Months Days Haurs Min.
		N (Give kind af wark dane		ND OF BUSINESS OR	13. BIRTHPLACE (County	& Stote, or fareign country)	12. CITIZEN OF WHAT
	uring most of working			DUSTRY COMPANY	BATATMORE	E. MARYTAND	COUNTRY?
	3. FATHER'S NAME			ALD COPIL ALL		E MARYTAND NAME	
	BEI	RT BEGGS			MARY RANI	NEY	
1	S. WAS DECEASED EVI	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17	INFORMANT	Addr	ess
()	Yes, na, ar unknown)	(If yes give wor or dotes of	of service)	215 07 23 51 0	LIN RECORDS	VA HOSPITAL.	FT HOWARD, MD.
F	18. CAUSE OF D	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line for				INTERVAL BETWEEN ONSET AND DEATH
	2600		. ,				
	Canditians, if any		(b) DIAI	BENTC NEPHROP	ATHY		
	rise to immedia						
	lost.	, my coose	(c)				
-	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
2 10	HYPE	RTENSIVE CA	RDIOVAS	CULAR DISEAS	3		YES NO [
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRE). (Enter noture of injury in	Port I or Port II of item 1B.)	
MFDICAL	20c. TIME OF INJ Hour o.	URY Month, Doy, Yeor m. 19	20d. II While of work	Not While f	LACE OF INJURY (Home, for octory, street, office bldg., etc	.)	(County) (Stote)
		ify that 🗯 (this has	spital) attend 6/2	ded the deceosed from L/67 19, and th	2/17/67 , nat death occurred a	19, to <u>6/21/6</u> 9:15P M, fram causes	7, 19, that x() (we) land an the date stated aba
	22o. SIGNATURE	0.0.	Sall	ert	M.D. ATTENDING PHYS.	MED. STAFF PHYS.	22b. DATE SIGNED 6/22/67
1	22c. PHYSICIAN'S NAME (Type	JOHN D.	TALBE	RT, M. D.	VAH FO	RT HOWARD, MAR	YLAND
2	30. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY C	R CREMATORY	. 23d. LOCATION (City or To	own) (Caunty) (State)
	REMOVAL (Specif	1 6/26/	67	BALTIMORE	NATIONAL	BALTIMORE	MARYLAND
	24 FUNERAL DIRECT	OR	80	Joseph N. Zan	nino Fuerra I	D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE 167 RCLIANCE L

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

VR 25

GIALTER LA SECRITARIAS SHOUTETAL BYAT 483 THAT I THAT THE RESERVE ASSESSED AS CAR LANGE HOLD TO STREET STATE OF THE STA 600E8 . . . CARLAD CAR DETYER CAR COMPARY MALKED WOLLD TO THE TABLE OF THE T I TO A VEAL TES SHILL PIS OF 23 51 OVIE. REDWING, VA HORPINAL, IN HOME, NO.

AUL SALIU

13/21/67 9:15/67 5/17/67 9:15/6 JOHN D. TELBERT, N. D. VALL PORT ROWARD, FORTAGE

70\22\07

sound I. Ramileo Chartel House, I through

257 B. Contiting St. Phil March, No.

VR AI5 (4) 20M 1/65

*		MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVI	SION OF STATISTICAL	RESEARCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE J.	MARYLAND
076	591	RESEARCH AND RECORD CERTIFICAT	E OF DEATH	07	673

1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
0 11:	a. STATE , b. COUNTY,
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	100 · 1 At 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE
	ON A FARMAS
616 Forge Road-21162	616 Forge Road-21162
0	
3. NAME DF First Middle	2 Last 4. DATE Month Day Year
(Type or print) 1724eth Man	DETYLY DEATH June / 1967
	8. DATE OF BURTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Jast birthday) Months Days Hours Min.
WIDOWED DIVERCED	M247 190/ 60 yrs. 11011313 Days
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	11. BARTHDLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most, of working life, even If retired) INDUSTRY.	COUNTRY?
(lectronics Inspector) Partin (ompany	(ardiff, Wales U.S.A.
13. FATHER'S NAME	I 14. MOTHER'S MAIDEN NAME
Dennis Harold	Elizabeth G. Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	1. 0 0 (16) 01 1111 41 1.41
NO 215-16-5994 Bu	rlie P. Berry-616 Forge RdWhite MarshMd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	ONKET AND DEATH
PART I. DEATH WAS CAUSED BY: Chronic	encrestitis logic
550	
DUE TO	
Conditions, If any, which (b)	
gave rise to Immediate	
cause (a), stating the	
underlying cause last. (c)	The suppose
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELEVANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELEVANT CONTRIBUTION CO	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY PERFORMED?
1 11/10 Act inc. (DIN)	YES NO D
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	PRRED. (Enter nature of injury in Part I or Part II of Item 18.)
DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	OF OF INHIBN (II
20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
While Mot while	7) 44 44 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
21. I certify that (I) (this hospital) attended the deceased from	196 (, that (1) (we) last
saw the deceased alive on June 1961, and that	t death occurred a 42M, from the causes and on the date stated above.
22a. SIGNATUBE	1 22b. DATE SIGNED
William W. Mass - M.C	D. PHYS. DIRECTOR PHYS. DI G
22c. PHYSICIAN'S	22d. ADDRESS !
NAME (Type) William 1A, Tuson	Kunskille Md1
	11101330111 1111
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 6-10-67 Bellir Memor	ial Gardens Belair Nd.
	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John C. Miller Inc6415 Belair Rd21	206 part UN 1 2 1967 Schanles Judge
0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T UNIE

Total Local Matter 65 the district purpo, shift abitable conver-Acres Paragraph + + 1 well and the Trassin Comment of the

after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely inted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, page 1.8. Pages 1.2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O7692
CERTIFICATE OF DEATH

Oldor.	VIUX
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Catonsville app 27 urs.	
	Catonsville 03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE on a farm?
Paradise Nursing Home	103 Oakdale Ave. YES NO T
3. NAME OF First Middle	Last 4. DATE Month Oay Year
(Type or print) FRANK F. BIEMIA	LLER DEATH JUNE 22, 1967 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8	B. OATE OF BIRTH 19. AGE (In years LIFTINGER 1 YEAR IF LINGER 24 HRS.
male white WIOOWED X DIVORCED .	June 26, 1883 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Ret. Telephone Co. C&P Tel Co.	Baltimore, Md. COUNTRY? USA
13. FATHER'S NAME	Baltimore, Md. USA
John H. Biemiller	
	Caroline Prééss
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
no none 212-05-0617 Jo	ohn L. Biemiller 708 Devonshire Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CANGRONE 19	ONSET AND DEATH
IMMEDIATE CAUSE (a) UCM 4 7 2 // 2	TI TOO I KUNKS
H501 DUE TO AVANIOSCIEN	stic poxiphm / Vescon /21 , U.
Conditions, if any, which (b)	110
gave rise to immediate (1 5 0 (
cause (a), stating the underlying cause last.	Hr/2018 Sc/2015 5 42
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
E PART II. OTHER SIGNAT CONTINUES CONTINUES TO USATA BUT NOT RELA	PERFORMEO
S Ellronic John Judrom &	(2911) YES NO
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Jem 16.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO OF OF OTHER CONTRIBUTING TO COUNTRIBUTING TO CAUSE OF OF OTHER CONTRIBUTING TO COUNTRIBUTING TO COUNTRIB	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC 20d. INJURY OCCURRED 20e. PLAC 4 20d. INJURY OCCURRED 20e. PLAC 20d. INJ	ry, street, office bldg. etc.)
p.m. 19 at work at work	1/0/15 1/10
21. I certify that (I) (this hospital) attended the deceased from	19 to 9770, 19 that (1) (1) that (1) (1)
	fleath occurred 22 P.M. from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DATE SIGNED
At he that	ATTENOING A MED STAFF - (1) 3/60
M.D	. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS EXAMA KICK PACITOCIAL SOLLARS
W. J. J. J. J. J. J.	1 30 3 1. 1 marrier (ce ca my)//g/me
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial June 26.1967 Loudon Pe	Raltimana Md
24. FUNERAL DIRECTOR ADDRESS	Ark Cemt Baltimore Md. 125a. REC'D BY REGISTRAN 25b. REGISTRAN'S SIGNATURE
STERLING FUNERAL ESTATE 736 LEdmonds	son Ap. Illa o a soor only
Catonsville, Ma.	DATES UN 27 1961 Milanles Judge

VR AI5 (4) 20M I/65

TE CONSTRUCTED VAL. started bank. The field of The state of the s Anna Sina Silan Si 8/2/10 Jec/2 825/1/6 Daliela Pale Low Mander of the Control of the State

FOR STATE HEALTH DEPT.

in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

necessary, please execute the certificate, writing the ward

VR A15ME (5) 6M 1/67

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, ar remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07693	3	MED	ICAL EXAMINER	'S CERTIFICATE	OF DEATH		0767	15
1. PLACE OF DEATH					CE (Where deceosed			fore odmission)
o. COUNTY Baltimo	re		MARYLAND	o. STATE Marylan	d	b. COUNT	rford	
	(If outside corporate limits	c. CITY OR TOWN (If outside corporate			rest town)		
write RURAL and give neorest town)				POST CO		Rocks	211	
	Towson 2 hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)					NOCKS	211	e IS RESIDENCE
			give sireer oddressy	d. STREET ADDRESS		M	D 2	ON A FARM?
	oseph's Hos				Nelson			YES X NO
3. NAME OF DECEASED	Fi		Middle	Lost	4. DATE	Month	D	Poy Year
(Type or print)		RLES	James	BILLINGS	DEATH	Jun		5, 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		GE (In years ost birthdoy)	Months Doy	R 1F UNDER 24 HRS. S Hours Min.
Male	White	WIDOWED	DIVORCED _	2/12/19	21	46 yrs.		
	ON (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (S	tote or foreign coun	try)	12. CITIZEN	
during most of working		T	DUSTRY imber	Trout	Dale. V:	irginia	a U.	S.A.
13. FATHER'S NAME				14. MOTHER'S MAIL				
Whit	tmore Bi	lling	Q	Nanni	e Billin	าฮส		
IS. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	7. INFORMANT		#2 Addre	Box 10	34
(Yes, no, or unknown)	(If yes give wor or dotes o	f service)	24 9657	hittmore 1				
	DEATH (Enter only one cou			HI COMOLE	DITITUE	s rai.		NTERVAL BETWEEN
				Dooding				ONSET AND DEATH
981			sive Internal					
Conditions, if on	1 1 1		not wound of	abdomen and	chest in	nvolving	the	
rise to immedia	ote couse (a)		er and lung.					
stoting the und	lerlying couse							
last.		(c)						
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE	CONDITION GIVEN I	N PART 1(o)	1	9. WAS AUTOPSY PERFORMED?
TE								YES X NO
200. EXTERNAL (PRIMARY LA OF CAUSE OF DEATH	CAUSE WAS ONTRIBUTING	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injur	y in Port I or Port II	of item 18.)		
	ONTRIBUTING E	Su	bject shot b	v his son				
20c. TIME OF IN	LIURY Month, Doy, Yeor	2001	WRY OCCURRED 20e.	PLACE OF INJURY (Home,	form, 20f. (City or town)	(County)	(Stote)
4 Hay 0	MIRY Month, Doy, Yeor o.m. 6/5/ 19	67 While	ot work	foctory, street, office bldg. Home	, etc.)	rest Hi	11 Har	ford, Md.
			nains described abave,					nd in my apinia
death resu	lited fram: Natura	al causes	Accident [],			etermined ma	inner	
ACTUAL	11102 10 1		2		ICAL EXAMINER	177		22. DATE SIGNED
SIGNATURE_	Mar 100 10	-/-	1	TH. D.	MEDICAL EXAMINER			
EXAMINER'S	Werner U	. Spit	z, M.D.		EDICAL EXAMINER		6/6/	6/
NAME (Type)		Y			treet, city, town, or			
230. BURIAL, CREMAT	TION, 23b. DATE THI		23c. NAME OF CEMETERY			TION (City or Tow		, ,
Burial		1967	Sharon Ba			est Hi		
24. FUNERAL DIRECT			ADDRESS		REC'D BY REGISTRAR		SISTRAR'S SIGNAT	O. dal.
Charles	E. Kurtz	Ja	rrettsvill	e, Md. DATE	IIN 1 9 19	167	liarles	A TOP
			2108	+	OH TO W	U		

The state of the s

Later and the state of the stat

tert/e1/2

second Timber Today Tradition Today

ACCI roll Signification and Clim seconds and

No Partie Harris of Marie Mari

Brestes 6. Kirts - Harrotsaying, and the control of the control of

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2	10	07694	CERTIFICATE	OF DEATH	0767	8
after death. the funeral ges 1 and 2 gifter death.		PLACE OF DEATH			e deceased lived, if institution: Reside	ence before admission)
naurs after deat	1	COUNTY BALTIMORE.	MARYLAND	O. STATE ARYL	AND b. COUNTY CA	RRALL
at sign at	1	o. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	4 - 1
by Po		KANDALLSTOWN	3 DAYS	Dykes	VILLE -	21784
4 ho		NAME OF HOSPITAL OR INSTITUTION (If nat in hospit	- 0	d. STREET ADDRESS 30	1133 ARthurr	OH A CHRIST
filled pape thin 7:		BALTIMORE COU		O LE EROR		n.T. YES NO X
es that the death certificate be executed within 24 haurs after death sician. ed by the attending physician and campletely filled in by the funeral altransit permit. They please remave carban papers. Pages I and altremation, or remaval, and in any event, within 72 hours after death	1	NAME OF DECEASED Type or print) GEORGE	Edward RI	-ATC HLEY 4.	DATE Month OF DEATH	9° 1967
ecuted cample ave co y even		SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED .	8. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	R 1 YEAR IF UNDER 24 HRS.
d cal		MALE WHITE WIDOW	ED DIVORCED	Sept 10, 190	59 yrs.	
and and in an	10a	USUAL OCCUPATION (Give kind of wark dane ng most af warking life, even if retired)	NDUSTRY	11. BIRTHPLACE (County & Sto		ITIZEN OF WHAT OUNTRY?
cian cian		FOREMAN LE	OT. Mc COURT.	BALTI	more Md.	USA.
physician physician for please	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAMI	D	
cer The The	16	KOBERT H. BLA	FICHLEY	OUSAN INFORMANT	DARNES	
eath ndir nit. or re	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknawn) (If yes give war ar dates of service)	-		. 0	- 1: 7-
equires that the death cer physician. signed by the attending p burial-transit permit. The burial, crematian, or reme	-	NO CAUSE OF DEATH /Enter and one source and line		euthy H. Blain	chief - Same	INTERVAL BETWEEN
t the the sit parties		 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 	for (a), (b), ond (c).)	, ,	9 4 7	ONSET AND DEATH
that t an. by the rransit cremat		IMMEDIATE CAUSE (a) 4201 DUE TO	Com 19	yotonarus	- Or practi	
ires ysici ned rial- ial,		Conditions, if any, which gove) (h)	B-1. 15	- heard	della	
equire physia signed burial		nise to immediate cause (0). Stating the underlying cause DUE TO	0			
e law retending as been as the prior ta		last. (c)	Julman	my lode	med	
ne lo itten ias k as as i prio	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
AN: That and are all are all are all are use far use Health	CERTIFICATION			/		YES NO
	RTIFI	20a. ACCIDENT WAS UNDERLYING ☐ , 20b OR CONTRIBUTING ☐ CAUSE OF DEATH , 20b	. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	I ar Part II of item 18.)	
	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm,	20f. (City or tawn) (C	aunty) (State)
this this De	MEDICAL	Haur o.m.	hile Nat While for	tory, street, office bldg., etc.)	Zoi. (city of lowin)	(31016)
by the has by the has ofter this ce be detache State Dept.	2	21. 1 certify that (I) (this haspital) of	work U at work U	6-6196	7, to 6/9, 19	62, that (I) (we) la
R: A		saw the deceosed olive on 6	2 19 67, and the	it death occurred at	19 M, from causes and an	
ITAL OR ATTENE may be retained RAL DIRECTOR: A page 3 should be filed with the		22a. SIGNATURE	1	10.	P 22b.	DATE SIGNED
DIRECTOR 3			M.	D. PHYS. L. DIR	ECTOR PHYS.	6/9/67
AL DAY Page		22c. PHYSICIAN'S NAME (Type) 7 P		22d. ADDRESS		1 //
da = 4					col location (c). T	(6.)
O HOSP Page 4 r O FUNER director shauld	230	REMOVAL (Specify)	23C. NAME OF CEMETERY OR	(emetery	TARKUSILE. Br	(County) (State)
5 5 5 m	24	URIAL JUNE 12, 190 FUNERAL DIRECTOR	ADDRESS ADDRESS	L oc - preid by	REGISTRAR 2Sb_REGISTRAR'S	, , , , , , , , , , , , , , , , , , , ,
VR A15 (4)	W	VIE Cook - Brook. Tou	1050 YOR	DATE DATE	4 1967 yellan	es Judge

THE TANK OF THE PARTY OF THE PA

and the same of the same of

the second browns of an article (Section of the first section).

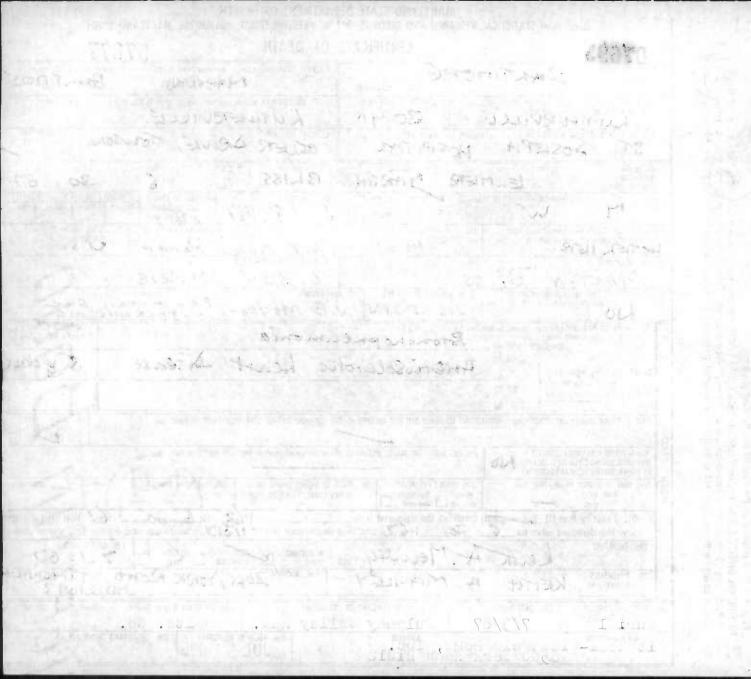
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

53		07695			CERTIFICATE	OF DEATH		07677	
Tunerd Page 1	0.	ACE OF DEATH COUNTY		inori	MARYLAND	2. USUAL RESIDENCE (V o. STATE	Where deceased lived, if insti	tution: Residence befo DUNTY 814	ore odmission) ATIPORE
by the Pages aurs af	b.	CITY OR TOWN (IF write, RURAL ond c	outside corporate limits give negrest tawn)	Jowson	30 yr		tside carparate limits, write		est town)
lled in papers. in 72 h	d.	NAME OF HOSPITAL	OR INSTITUTION OF NO	t in hospitol, give s	PITPL	d. STREET ADDRESS	DRIVE, -	ouson.	e. IS RESIDENCE ON A FARM? YES NO
arban nr.with	DE	AME OF CEASED ype or print)	Fin	MER	Middle	BLISS	4. DATE MODE OF DEATH	onth Do	
omo eve eve	S. SE	×	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Doys	
=		SUAL OCCUPATION (Common of working life	Give kind of work done e, even if retired)	10b. KIND C INDUST	F BUSINESS OR RY HOTE!	1 2 2 11	& State, or foreign country) mo Parr	12. CITIZEN (COUNTRY	
· S C ·	13. F	MART	IN B	1155		14. MOTHER'S MAIDEN M	I MONZO	E	
nit a			IN U.S. ARMED FORCES? If yes give war ar dotes o			I.E. MOYL	, 802 M		ne
by the attribution tremation,		8. CAUSE OF DEATH	TH (Enter only one cou WAS CAUSED BY: IMMEDIATE CAUSE	(0)	mehopne			0	NTERVAL BETWEEN INSET AND DEATH
signed by the burial-transit burial, cremat		anditions, if any, wise to immediate	vhich gave }	TO Atte	rivSclero	tic Hear	t disea	se .	5 y days
	s	toting the underly	ring couse DUE	(c)					
has se as	ATION	'ART II. OTHER SIGN	IIFICANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)		P. WAS AUTOPSY PERFORMED? YES 100
at a	CERT	20a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY OCCURRED.	(Enter nature of injury in I	Part I ar Port II af item 18.)		
er this certi detached ate Dept. a	MEDICAL	20c. TIME OF INJUR' Haur o.m. p.m.	Y Month, Day, Yeor	MALILA		CE OF INJURY (Home, form ory, street, office bldg., etc.)		(County)	(Stote)
R: Afte ould be the Sto			that (I) (this hes		the deceased from_	, 1 t death accurréd at	963 , to 6 30 11-0 PM, fram couse		that (I) (we) last ate stoted above.
DIRECTOR: ge 3 shoul iled with th		22a. SIGNATURE	Kerth	At	Tomery M.	D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		-67:
O FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.		22c. PHYSICIAN'S NAME (Type)	KEITH	A. ^	"IMPLEY	22d. ADDRESS 26		70,21	1401/14
director, po	E	BURIAL, CREMATION, REMOVAL (Specify) SUP121	, 23b. DATE THE 7/3	REOF 23	sc. NAME OF CEMETERY OR Dulaney Va	alley Mem.	23d. LOCATION (City or Balto.	Co.	
VR A15 (4)	24. Mi	FUNERAL DIRECTOR	Wiedefel	d Home,	ADDRESS C 81212	25a. REC'D		REGISTRAR'S SIGNATU	[] 0

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

Lost

Maryland

papers. within 72 campletely any event, remove and L physician c and remayal, burial-transit permit. burial, crematian, ar r the signed by the burial-transit p þ for use as the t has been

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us by the haspital ar be retained directar, page 3 shauld shauld be filed with the TO HOSPITAL C

b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b One Week d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital 3. NAME OF Middle

Joseph

(Yes, no, or unknown) (If yes give wor or dotes of service) 216-32-4259

IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

7. MARRIED

WIDOWED

6. COLOR OR RACE

White

10o. USUAL OCCUPATION (Give kind of work done

Joseph Bolewicki

Conditions, if ony, which gove)

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

Burial (Specify)

1S. WAS DECEASED EVER IN U.S. ARMED FORCES?

during most of working life, even if retired)
Self-Employed Retired

07696

Baltimore

PLACE OF DEATH

o. COUNTY

DECEASED

Male

13. FATHER'S NAME

(Type or print) S. SEX

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

07678

YES NO X

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO X

(Stote)

(Stote)

Baltimore 21213 d STREET ADDRESS e. IS RESIDENCE ON A FARM? 2415 Chesterfield Ave.

BOLEWICKI, Sr. June 23, 19 67 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost 69 doy) January 13,1898 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT

Month

14. MOTHER'S MAIDEN NAME Anna Lubinski

4. DATE

17. INFORMANT (Wife) Baltoes Md. 21213 Mrs. Lillian Bolewicki, 2415 Chesterfield Ave.

rise to immediate couse (o), stating the underlying couse last.	(c)	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	Т
Cerebrovascula	r thrombosis	
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.).	

IMMEDIATE CAUSE (a) Arteriosclerotic heart disease in congestive

Michael

10b. KIND OF BUSINESS OR

Appliance Dealer

16. SOCIAL SECURITY NO.

heart failure

DIVORCED

20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) at work

June 23, 1967, that AF (we) last 21. I certify that 00 (this hospital) attended the deceased fram_ June 17. 19 67 to saw the deceased alive an June 23. 1967, and that death occurred all 2:15M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED

STAFF PHYS. DIRECTOR M.D 22d. ADDRESS 7620 York Rd., Towson, Md. 21204 NAME (Type) Ramon P. Lopez .M.D.

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) St. Stanislaus Cemetery

Baltimore, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

John J. Duda, 2829 Hudson St. Balto, Md.

23b. DATE THEREOF

6/27/67

196

June 23, 1967

(County)

VR A15 (4) 25M 1/67

and seed blad bushasil 316 FYCES The LOSCOL Company of the lost of th Close Reading Commencer and Commencer and Commencer Comm

wood and the distance of the court of the co

.

. T. . PERSONAL DEL

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Temove carbon papers. Pages—I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attendant. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	OLKIII IOATI	- OI DEATH		110	19	_				
1. PLACE OF DEATH		2. USUAL RESIDENC	E (Where deceased lived	, If institution: Re	esidence before admission	n)				
a. COUNTY		a. STATE Maryland b. COUNTY Baltimore								
Baltimore	MARYLAND	Mary.	Land			-				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate iin	IIIS, WITTE KUKAL	Sun Riae liegiezt romi	11)				
Towson	11 months	Baltimore 21221								
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADDRESS			e. IS RESIDENC ON A FARM?	E				
Dulaney Towson Nursing Home		16 R	idgemoor Ro		YES NO S	V				
3. NAME DF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year					
(Type or print) Kenneth	R	Bourn		lune	13 ¹⁹ 67	200				
5. SEX 6. COLOR OR RACE 7. MARRIED	X NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In last bir		1 YEAR IF UNDER 24 HR					
male white WIDOWED [DIVORCED	Nov 23, 190		yrs.	Days Hours Mill	10				
marc	ND OF BUSINESS OR		unty & State, or foreign		TIZEN OF WHAT					
during most of working life, even if retired) IN	DUSTRY			CO	UNTRY?					
Engineer		Templeto		U.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME							
Robert T. Bourn		Carrie	Cummings							
	SOCIAL SECURITY NO. 17.	INFORMANT		Address	21204					
No No	Dul	aney Towson	Nursing Ho	me, lll	West Road					
18. CAUSE DF DEATH [Enter only one cause per lin	ne for (a), (b), and (c).]				INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	200000	was Are	TURGIE		ONSET AND DEATH	1				
IMMEDIATE CAUSE (a)	REBROVASC	0431	- IVENT		THOURS	-				
Conditions If any which I DUE TO CEREBOAN ARTERIASCIENCES (PROVIDES) YEARS										
Conditions, if any, which										
gave rise to Immediate (cause (a), stating the DUE TO			6 -		100000					
underlying enuce last										
FERFORMED? YES NO TO										
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.)										
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTION CO									
3 20c. TIME OF INJURY Month, Day, Year 20d. IN		CE OF INJURY (Home, fa	rm, 20f. (City or t	own) (Cou	inty) (State)	_				
Hour a.m. While Not While factory, street, office bidg., etc.)										
p.m. 1966 at work at work 121, I certify that (I) (this hospital) attended the deceased from 1/14, 1967, to 6/13, 1967, that (I) (we) last										
saw the deceased alive on 6/1	2 19 6 7, and that	death occurred at	M, from the o	auses and on th	he date stated abov	ve.				
22a. SIGNATURE			-		ATE SIGNED					
I small I som	ville M.D		MED. STAF		13/67					
22c. PHYSICIAN'S		22d. ADDRESS	1.		1					
NAME (Type) DONACD L. Se	MERVICLE ME	. Towso	N, MO	21209						
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION							
Removal (Specify) 6/14/67.	Univ. of Verme	ont Medical	School, Bus	rlington,	Vermont.					
24. FUNERAL DIRECTOR	ADDRESS	25a. REC	O'D BY REGISTRAR	5b. REGISTRAR	'S SIGNATURE					
Leonard J. Ruck, Inc. Balto.	Md. 21214	DATEJU	IN 1 4 1967	William	//a D					

VR A15 (4) 15M 4-64

eroval 6/14/67. Univ. of Version serios! abod, surlimeton, Jerront.

Leonard J. Ruck, Inc. Balto. NJ. 21214 to a monday I Lange as a second

FOR STA

O DEPUTY MEXICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VR A15ME (5) 6M 1/67

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

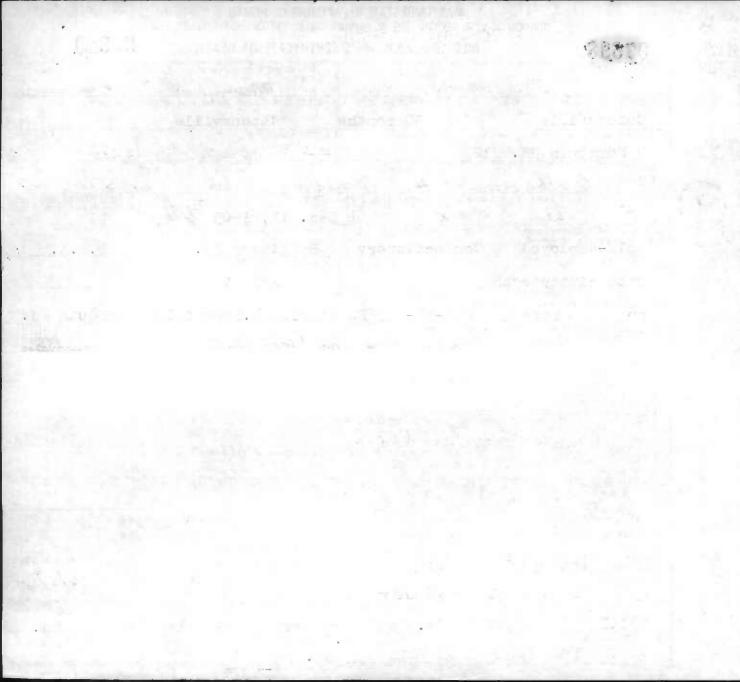
MARYLAND STATE DEPARTMENT OF HEALTH

Item #9 Film STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07680

	07698	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	07680
1.	PLACE OF DEATH o. COUNTY Balt	emore MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution b. (0)	utian: Residence before admissian) UNTY Baltemine
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest tawn) Catonsville	c. LENGTH OF STAY IN 16	1)	tside sorporote limits, write R	URAL ond give nearest town)
		30 months		onsville	U DECIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS #2 Mon.	many DD	e. IS RESIDENCE ON A FARM?
3	2 Monmouth Rd. 2	1,220 Middle			nth Day Year
	OFCEASED (Type or print) Catherin	11 P	adley	OF DEATH	6/5 1967
S.	C 11		8. DATE OF BIRTH	AGE (In years Dightylay)	Months Days Haurs Min.
IDe	a. USUAL OCCUPATION (Give kind of work dane	VIDOWED DIVORCED DIVORCED DIVORCED	Dec. 11,	1905 Ubl yrs.	12. CITIZEN OF WHAT
	ring most of working life, even if retired) Self-employed	Confectionery	Baltimo	,,	COUNTRY? U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N		
	Otto Hinternesch		Mari	e ?	
15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war ar dates of se	16. SOCIAL SECURITY NO. 17.	INFORMANT		ress
1	no none	212-42-4596HA	Charles H	.Mansfield	2Monmouth Rd.
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cere Ors - Vascul	Pan accid	Dent	INTERVAL BETWEEN ONSET (NO) DEATH
	Conditions, if any, which gove) (b)	11 +			
	rise to immediate cause (a).	Hyperlension			
	stoting the underlying cause (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY
10N	Con-05 - 26	scular Disease			PERFORMED? YES NO
CERTIFICATION	2Do. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in f	Part I ar Part 11 af item 18.)	7 70 110
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm tory, street, office bldg., etc.)		(Caunty) (State)
	21. I certify that I took charge o	f the remoins described obove, he	eld on Autopsy .	Inspection 🔀 , Inc	quiry , ond in my opinion
			ide . Homicide	Undetermined r	
		00	CHIEF MEDICAL	EXAMINER	
	SIGNATURE Jamon M.	Trederick	M.D. ASSISTANT MEDI	ICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S James	1. Frederick		L EXAMINER 🕍, city, town, ar caunty)	6/5/67
230	BURIAL, CREMATION, 23b. DATE THEREC		CREMATORY	23d. LOCATION (City or T	awn) (Caunty) (State)
	Burial 6/8/6	7 St. Pauls C	emeterv	Violetsvi	lle Md.
	4. FUNERAL DIRECTOR	ADDRES126 W	. Cross 25a. REC'D	BY REGISTRAR 25b. F	REGISTRAR'S SIGNATURE Judge
1	SCHWEINSBERG FUNER	RAL SERVICE	St. DATE J	JN 8 1967	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OFCOC

07001

0103			CERTIFIC	AIL	OF DEATH			U	001	
PLACE OF DEATH O. COUNTY	BALTIMORE		MARYLAN	ND D	O STATE	E (Where deceosed	lived, if institution b. COUNTY		before odm	ission)
b. CITY OR TOWN (If	outside corporate limits, give nearest tawn)	C.	LENGTH OF STAY IN 1	b	c. CITY OR TOWN (1	f outside corporote	imits, write RURA	L and give r	reorest town	1)
FORT	HOWARD		14 DAYS		BA	LTIMORE			30.4	
d. NAME OF HOSPITA	L OR INSTITUTION (If not in	n hospital, give	street oddress)		d. STREET ADDRESS			1111	e. IS R	RESIDENCE
VETERAN	IS ADMINISTR	ATION H	OSPITAL		606 RAI	NOR AVEN	UE		YES [A FARM?
3. NAME OF	First		Middle		Lost	4. DATE	Month		Doy	Year
(Type or print)	CHAR	LES	AGUSTUS		BRANSON	OF DEATH	JUNE		2.	19 67
S. SEX	6. COLOR OR RACE 7	MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. A		IF UNDER 1 Y	EAR IF UN	NDER 24 HRS.
MALE	NEGRO	WIDOWED	DIVORCED		3/10/96	7	ast birthdoy)	Months [Doys Hou	urs Min.
Oo. USUAL OCCUPATION	(Give kind of work done		OF BUSINESS OR			inty & Stote, or foreig	n country)		EN OF WHA	T
during most of working li		DR TVA	TE FAMILY		OWITHINGS N	IILIS, MA	CIKA.TVS	COUN	S.A.	
13. FATHER'S NAME	24	LILLAN	IE PRIMITIL		14. MOTHER'S MAID		TT TIVIND	0.	D.A.	
TAMES DE	ANGON									
JAMES BR	IN U.S. ARMED FORCES?	T 16 5001	AL SECURITY NO.	17 IM	FORMANT	E DAVIS	Address			-411.
(Yes, no, or unknown)	If yes give wor or dotes of se	ervice)								
YES	WWI		12 73 81	NTT	ICAL RECO	DRDS, VAH	FT. HO	WARD,		
	ATH (Enter only one couse H WAS CAUSED BY:								ONSET AN	ID DEATH
	IMMEDIATE CAUSE (o)	CERE	BRAL HEMOI	RRHA	GE				UNKNO	DEATH
331X	DUE TO									
Conditions, if ony,										
rise to immediate	couse (o), (DUE TO						30 1131		100	
lost.	(c)									
PART II OTHER SIG	GNIFICANT CONDITIONS CONT		FATH BUT NOT RELATE	D TO TH	F TERMINAL DISEASE	CONDITION GIVEN I	N PART I(a)		19. WAS	AUTOPSY
A DOMESTIC						CONDITION ON EAT	TO TAKE TO		PERFO YES D	ORMED?
	SCIEROTIC H		BE HOW INJURY OCCU			in Bowt Los Doot II	of item 10)		112] NO [
20o. ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OCCU	IKKED. (E	nter noture of injury	in Part I or Port II	of Item 18.)			
	MEDICAL EXAMINER)									
20c. TIME OF INJUI	RY Month, Doy, Yeor	20d. INJUR While	Y OCCURRED 20		OF INJURY (Home, y, street, office bldg.,		(ity or town)	(Coun	ly)	(Stote)
p.m	10	ot work	ot work	100101	y, 311061, 011140 blog.,	erc.				
21. I certify	y that the (this haspit	al) attended	the deceased fro	m_M	AY 19.	, 19 67 , ta_	JUNE 2	19 6	7 that	c(we) las
saw the de	ceased alive an J	UNE 2.	19. 67 , and	d that	death accurred	at5:45AM,	ram causes ar	nd an the	date sto	ited abave
220. SIGNATURE	00/600	,	. 0		A. Santa			22b. DATI		
//	KHUKK CU	uns	ull	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6/2	167	
22c. PHYSICIAN'S	0 000	1			22d. ADDRESS		11113:			
NAME (Type)	PAULINO D.	DECCAM	PO. M.D.		VA HOSPI	TAL, FOR	I HOWARD	. MAR	YLAND	
23o. BURIAL, CREMATIO			3c. NAME OF CEMETER	DA UD CE			TION (City or Town		ounty)	(Stote)
REMOVAL (Specify)								,		(31016)
		B	ALTO. NAT	LUNA			MORE, MA			
24. FUNERAL DIRECTOR	ERAL HOME, 3	035 W.	NORTH AVE	. R	LTO, 250.	REC'D BY REGISTRAR		STRAR'S SIG	NATUKE	Ana
IOLLENIO I OIN		-	AT WATER AND AND ADDRESS OF THE PARTY OF THE	" MI	DATE	JUN J	1967 /		Card Are	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funded director, page 3 shauld be detached far use as the burial-transit permit. Then please remove arbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

3, 1, 2, 1, 12 TORT REMARK THE STREET STATES OF STREET STREET CHARLES AGREEMENT STREET 3/20/25 OHIM SIM CHAINFAIR THE FAMILY COMOS MINS, MARKE, U.S.A. EDVACE STREAM THAT 218 12 73 ST CHITTCH MUCCHES, VAR, TO. HOLLER, NO. MOANGAMER MARKESO

THE 2, 67 WE IN E 2, 67 WE

X 6/2/07

PAUTITION D. DESCAURC, M.D. VA HOERTEST, FORT RESIDENCE MARKET

BAIRO, MATICINE CEMESTRY BARSEMORE, MARSLAND NUTTER FUNCTAL BOME, 3035 W. NOSCH AVE, BALTO, ... JUN U 185/ Colonia

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON, STREET, BALTIMORE, MARYLAND 21201

Item #2c & d Film 07682 OF DEATH 07700 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore TIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest tawn)

Catous vi/12 Baltimore 21229 write RURAL and give nearest tawn) d. street Appress __16 Fus 1/1/19 /4/. 5021 Normandy e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) 90 YES NO 3. NAME OF Middle First 4. DATE Manth Day Last Year DECEASED (Type or print) OF 1967 Ma UME 16 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) Haurs Months Days WIDOWED DIVORCED 24,18 remale 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of working life, even if retired) COUNTRY? INDUSTRY Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Annie George Myers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) (If yes give war ar dates af service 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if ony, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Sentitu mellitus NO 20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) MED Haur 'a.m. factory, street, office bldg., etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased fram Deceased. 1966 to and that death accurred at 6 7 M, fram causes and an the date stoted above 1967 saw the deceased alive on. 22a. SIGNATURE DATE SIGNED PHYS M.D. DIRECTOR PHYS 22d. ADDRESS

22c. PHYSICIAN'S NAME (Type)

IDLI

(County)

(State)

23o. BURIAL, CREMATION. REMOVAL (Specify)

23b. DATE THEREOF 6/19/67 23c. NAME OF CEMETERY OR CREMATORY Western Cem.

23d. LOCATION (City or Town) Balto., Md.

2Sb. REGISTRAR'S SIGNATURE Charles

24. FUNERAL DIRECTOR Witzke F. D. - 4101 Edmondson Ave.

2So. REC'D BY REGISTRAR

TO FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

deoth.

on popers. Pog within 72 hours filled in

event,

and in an rem puo

or removol.

cremation,

buriol-tronsit p

as the prior to b hos

use of Health p

for

detached

State Dept.

page 3 should be filed with the S

director, page should be filed

sompletely for overembon

physicion o

offending poermit. The

the

by physician.

signed l

be retained by the hospital or offending

Poge 4 moy b

After this certificate

permit.

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

THE STATE OF THE S 91,111 6/9/ 57 Exerces 66 6/14/ 67 19/21/3 A low server of the 1911 Frederick El. Sed WE. . 14 . . 464 ALC: THE REAL PROPERTY AND ADDRESS. der removement Rivar at 12 etc. in

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07603

Baltimore, Marylar 25b. REGISTRAR'S SIGNATURE

PAIL N 1 9 196

FOR STATE			UNIVA	(4)	MED	ICAL EXA	MINEK.2	CEKTIFIC	LAIE UF	DEAT	П	U	1100	טנ
HEALTH DEPT			LACE OF DEATH						ESIDENCE (WI	nere deceose	d lived, if institu		ice before	odmission)
of de si			. COUNTY				MARYLAND	o. STATE	Marv]	bne	b. COU	NTY Roll	timor	20
PANE		b	CITY OR TOWN (II	imore outside corporate limit	S,	c. LENGTH OF		c. CITY OR T			e limits, write RU			
P. E. S. E.	B-A		write RURAL and	give nearest tawn)		15	years		Towsor	1		1	2.1	
2, 2,		C	TOWSOI	OR INSTITUTION (If no	ot in hospital, a			d. STREET AL		. 1		0	e.	IS RESIDENCE
form form	00			York Road				1122	Echo (Townt	Courth		V	ON A FARM?
orth. If winds 1, 2 by form	1	3 1	IAME OF		rst	Midd	dla	lost		4 DATE	Mon	th	Doy	Year
after death. I 3. Give Pages along with for with the cate		-	ECEASED Type or print)			VROO		BROOK		OF	Jun		14	167
Giv	1	5. 5		6. COLOR OR RACE		NEVER N		B. DATE OF BII		DEATH 9.	AGE (In years	IF UNDER		IF UNDER 24 HR
=		T			WIDOWED	40		April 1			lost birthdoy)	Months	Days	Hours Min
haurs Item 1 Office I and 2			emale	White Give kind of work done		ND OF BUSINESS		Ab-	LACE (Stote or		50 yrs.	12 (1	TIZEN OF	WHAT
		durii	ig most of working lif	e, even if retired)	IN	DUSTRY			,			1 (0	UNTRY?	
hin 24 ncil in niner's pages	0		Ce-Pres. FATHER'S NAME	Funeral D	ir J Fur	eral H	ome		ingtor			1 0	S.A.	
d be executed within 24 haurs of "pending" in pencil in Item 18. Chief Medical Examiner's Office a transit permit. File pages I and 2 wevent within 72 haurs after death.		10.		Vrooman					a Ingl					
ed wit in per in Exam t. File 72 hau	1. 1	15.	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give war or dotes of	16. 9	OCIAL SECURITY	/ NO. 17.	INFORMANT			Addr	ess		
pending" ir pending" ir ef Medical isit permit.	911	(Y es	, no or unknown) (I	f yes give war or dotes o	of service)	577-18-9	9123 M	r. I. S	Scott E	Brooks	sam	e as	2	
rd 'pending' Thief Medica Chief Medica transit permiterent within			1B. CAUSE OF DEA	TH (Enter anly one cou			7	//			-			RVAL BETWEEN
shauld be every "per a the Chief I burial-transit			PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	(g)	1	DU	7	OC.	9/	107/		SNSE	ET AND DEATH
			9/9	DUE	. ,			172				F. 16		
e shauld the word ta the Cl to the cl to the cl			Canditions, if ony, v		(b)						A 3/9	1		
(1) also 4			rise to immediate stating the underly		TO									
s certificate e, writing th forwarded t used as a l			last.)	(c)									
certi , writ orwal used aval,		2	PART II. OTHER SIGN	NIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT N	OT RELATED TO	THE TERMINAL I	DISEASE COND	ITION GIVEN	IN PART 1(a)		19. V	WAS AUTOPSY PERFORMED?
. 0 - 7	2	CERTIFICATION											YES	
ER: This certificate, auld be for the standard be hauld be in, ar remo		E I	200. EXTERNAL CAUS	SE WAS	2Db DE	CRIBE HOW IN	URY OFCURRED.	(Enter-noture o	Sinjury in Po	ort I or Port	II of item (B.)	,		
certific hauld be les.			CAUSE OF DEATH.	KIBUTING L	//	ed	1251	10/0	29 0	Sver	Hea	10		
sho sho file file file file file file		MEDICAL	2Dc. TIME OF INJUR	Y Month, Doy, Year	1	JURY OCCURRED		CE OF INJURY ((Home, form,	2Df.	(City or town)	(Co	unty)	(Stote)
CAL EXAMINER execute the cert or. Page 4 shaul of far your files. TOR: Page 3 shaul or		ME	Hour o.m. p.m.	JUNE 1419	6 While of work	Nat While	1	ary, street, office	3/45		1014/SO,	n, 13	3/Am	roe Mil
Pag ar y ar y R: P.			21. I certify	that I took charge						Inspectio	n Inq	uiry ,	and	in my opini
				d from?) Noture					Homicide []. Un	determined n	nonner	1	
MEDIC. please edirector director etained DIRECT	- 63			11/1-	-10			1	EF MEDICAL EX					
plea plea directair			ACTUAL SIGNATURE	noull	OTH	202	rnell	M.D. ASS	ISTANT MEDIC	AL EXAMINE	R		22	2. DATE SIGNE
EPUTY ME essary, plea funeral dire ay be retai JNERAL DIR			EXAMINER'S			3-316	/	DEP	PUTY MEDICAL	EXAMINER	4		61	11/17
fun fun day	2		NAME (Type) CH			WELL,			dress (Street,				1	176/
the S m	0	230.	BURIAL, CREMATION REMOVAL (Specify)				OF CEMETERY OR				ATION (City or To		(County)	(Stote)
	18	1	Burial	June 1	17,1967	Jesso	p Cemet	ery		Sp	arks	Balt:	imore	e, Maryl

Towson, Maryland 2120

1050 York Road

24. FUNERAL DIRECTOR Wim. Cook-Brooks Towson

That being one total (E) 161 (E) AL SECTION 2000 CARDON CONTRACTOR . I. Tarket Company Factor Towns . Edg. mly Secure of the state of the second sec ALL THE STATE OF STATE OF A STATE to the late of the late of the late of the control The second of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND ion papers. Pages 1 within 72 hours after b. CITY OR TOWN (If outside carparate limits, write RURAL and give-nearest town)

Lans downe CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Lansdowne filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS 3111 Hammonds Ferry Road 3111 Hammonds Ferry Road 21227 arbon arbon NAME OF Middle First Lost 4. DATE Month DECEASED June 22, PERCY R. BROOKS (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED birthdoy) Male White 11-7-1896 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) INDUSTRY ottending physicion permit. Then please and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol Hesson Brooks Amenda Redden 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 212-07-3772 Mrs. Virginia C. Brooks, 3111 Hammonds Ferry 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED use of Health certificote Por HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 should should be filed with the and that death occurred at M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE M.D. DIRECTOR PHYS Carl Ebeling 22c. PHYSICIAN'S Dr. Wm. 22d. ADDRESS Dr. Robert C. Duvall Mt. Vernon Med. Bldg. 701 St. Paul St. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION BITR A (Specify) Howard County, Maryland 6-24-1967 Meadowridge Cemetery

Howard H. Hubbard, 4107 Wilkens Ave. 21229

24 hours after be executed The law requires that the deoth certificate

death.

2Sb. REGISTRAR'S SIGNATURE

(County)

(County)

22b. DATE SIGNED

07684

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

S

COUNTRY ?

Baltimore

e. IS RESIDENCE ON A FARM?

IF UNDER 24 HRS

Rd.

INTERVAL BETWEEN

19. WAS AUTOPSY PERFORMED?

(Stote)

(Stote)

AND DEATH

NO X

67

VILLE VALUE : TO MINE CONTROL OF THE VALUE OF THE PROPERTY.

BART TO MAJERIED

Edition of the second s

PROBLE 10. S. TRANS I I SECOND SECOND

7

3 J. 3

Hosman Hrecks - Leader Header - Archie Hardon - Leader Hardon - Leader - - Le

ill-0-ill tr. Tirtue d. mrc-c, ill re caleding

March March March Control Wash Dill

Source of the state of the second of the

Charles Street

Normandel promounting out how December N

A Comment of the second of the

ir. De ore D. Dunell Sch. Verson vol. wide. 702 De. Tenante.

The state of the s

Lacker H. Holler, St. Toward Luc. Milit

REGISTRAR

25a.

25b.

VR A15 (4) 15M 4-64

TO FUNERAL director, pa should be fil

FUNERAL DIRECTOR

Ellsworth Armacost - 4600 Liberty Hights. Ave. DATE

9001 - 1 I V . - U U I L V . - I L V . - I L V . - I L V . - I V .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07704				CEI	RTIFICA	ATE	OF DEATH			(1768	36			
1. PLACE OF DEATH a. COUNTY	altimore				MARYLAN	n	a. STATE	(Where dec		ed, if institut b. COU	YTY		e admissia Lmore		
b. CITY OR TOWN (I write RURAL ond	f outside corporate limits give nearest town)	s,	c. L		days	Y IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and									
d. NAME OF HOSPITA	ALOR INSTITUTION (IF no reater Balt			reet addre	ess)	er	d. STREET ADDRESS			Avenu			ON A FA	DENCE ARM? NO X	
3. NAME OF DECEASED (Type or print)		rst		Mide			Last BROWN	4. DAT OF DEA		Mon		Day 26			
S. SEX Male	6. COLOR OR RACE Caucasion	. 30.0	ARRIED X	NEVER M	MARRIED [] B.	. DATE OF BIRTH 9. AGE (In y lost birth 74				Months Months	1 YEAR Days	IF UNDER Hours	Min.	
10a. USUAL OCCUPATION during most af warking Reti			10b. KIND OF INDUSTR				11. BIRTHPLACE (County Baltimo					TIZEN OF DUN T RY?		1	
13. FATHER'S NAME William F1	ran Brown						14. MOTHER'S MAIDEN		Clan	ahan					
	R IN U.S. ARMED FORCES? (If yes give war ar dotes o	of service	16. SOCIAL 705-0			17. I N	FORMANT Patient	chai	ct	Addro	ess				
	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o)	line for (o), (b Carcin			ing.							ERVAL BET SET AND D		

Canditians, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

June

M.D.

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year Hour o.m.

20o. ACCIDENT WAS UNDERLYING

20d. INJURY OCCURRED While Nat While ot wark

20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.)

(City or town) (County)

(Stote)

(Stote)

Md.

19. WAS AUTOPSY PERFORMED?

YES X

saw the decessed alive on June 27. 19 67, and that death accurred at 12:40M, from causes and on the date stated above. 22a. SIGNATURE

21. I certify that (I) (this hospital) attended the deceased from.

John E. Adams, M.D.

ATTENDING PHYS.

MED. STAFF PHYS. DIRECTOR

to June 26.

22b. DATE SIGNED 6/26/67 X

22d. ADDRESS

Greater Baltimore Medical Center

23d. LOCATION (City or Town)

23o. BURIAL, CREMATIO REMOVAL (Specify)	
Burial	
24. FUNERAL DIRECTOR	?

22c, PHYSICIAN

NAME (Type)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

Baltimore 2So. REC'D BY REGISTRAR

1967

(County) 2Sb. REGISTRAR'S SIGNATURE

1967 that (1)

TO FUNERAL DIRECTOR: After this certificate has been VR A15 (4) 25M 1/67

director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to

be retoined by the hospital or

TO HOSPITAL

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

the funera

corbon

physician ond

signed by the ottending provided by the otte

burial, cremotion, or removal, ond in ony event,

ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

- 2 Z			17705 CERTIFICATE OF DEATH	
funeral and 2. death,	-	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a COUNTY	re admission)
te te			BALTIMORE MARYLAND BALTIMORE BALTIMOR	RE
TW) [b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) C. LENGTH DF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	earest town)
	-		BALTIMORE WHITE MARSH	RESIDENCE
filled ipapers.			B. 1 38 El B. 01	A FARM?
1 5 E E 9	0	2	70-1110-7 70-00-11-11-11-11-11-11-11-11-11-11-11-11	No Year
an and completely fille e remove carbon pap	9		NAME OF DECEASED (10) CENTRAL MIDDLE ASSED (10) CENTRAL MONTH Day DECEASED (10) DEATH (10) (10) (17) (17) (17) (17) (17) (17) (17) (17	1962
o composition of the composition			SEX 6. COLOR OR RACE 7 MADDIED NEVED MADDIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF U	
nd o		m	PLE WHITE WIDOWED OF DIVORCED 7/29/03 (3 yrs. Months Days Ho	ours Min.
an a	ľ	10e.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF COUNTRY 2	VHAT
9		n	AIN TENANCE GIRCRISTS PEACE VALLEY MASS USA	7
		13.	FATHER'S NAME . 14. MDTHER'S MAIDEN NAME	
attending ph ermit. Their	-	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BOX 3/Address White	Manch
y physician. In signed by the attence burial-transit permit. burlal, cremation, or r		(Yes	, no, or unknown) (If yes give war or dates of service)	
he a	-			L BETWEEN
by the mait			PART I. DEATH WAS CAUSED BY: METASTATIC ADENO CARCINOMA. ONSET	AND DEATH
med al-tra	5		1992 DUE TO	
sig Suri	8		Conditions, if any, which (b)	
ding phys been sign the buria or to burla	8		gave rise to immediate cause (a), stating the DUE TO	
as as		Z	underlying cause last.) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W/	AS AUTDPSY
	9	CERTIFICATION		RFORMED?
oppital or serificate certificate hed for use t. of Health	0	EI.	20a, ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	_ noat
hospital s certifiched fo ched fo pt. of H	1	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
this etacl	30	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(State)
fter be d		MEDICAL	Hour a.m. p.m. While Not While at work at work	
TOKE	-0		21. I certify that (1) (this hospital) attended the deceased from april 21, 1967, to June 10, 1967, that	
y be retaine DIRECTOR: age 3 should			saw the deceased alive on 1967, and that death occurred at 2/3 AM, from the causes and on the date st	
be land			M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	- 4
ET 100 400		1	220. PHYSICIANS 22d. ADDRESS	
FUNERAL rector, pa	11		PROPERTY KG. KUETHO 721 MED ARTS BLOG 21	20/
Page 4 mi O FUNERAL director, p		23a.	REMOVAL (Specify)	(State)
-		24.	Burial 6-14-1967 Cold Spring Cemetery Lockport FUNERAL DIRECTOR ADDRESS 5/ 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE.	
VR A15 (4)		4	DATE THOUSE THE THE PARTY PLANTES JUNG DATE PROPERTY OF THE PR	L
15M 4-64	1.1	d	assum suneral Home of a cetar I want I ball	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

CONTRACTOR OF THE PROPERTY OF

William Toward Committee of the Called States of the States

The state of the s

Whenly Winds

Items 18-21 Film 390 7-17MARYLAND STATE DEPARTMENT OF HEALTH

of a fine and the Server of the state of THE PROPERTY OF THE SALE AND THE manager, to make the and the State of the Street Control of the Control of the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7	7	0	7

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07689

FOR ST	ATE_		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 97689
IEALTH7	DEPT.		ACCOUNTY Balta MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND
y delay and 3 Page Page	Departments of after death		city OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) A MA C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTO 20.44
es 1, 2, farm	0 5 90		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Folleigh morsing Home. d. STREET ADDRESS ON A FARM? YES \(\sum \) NO \(\mathbb{R} \)
Pag with	the State in 72thay		IAME OF DELLA First BLANCHE BUCKING HAM OF DEATH June 3 19 67
irs after of 18. Give	2 with	S.	EX J. MARRIED NEVER MARRIED 8. DATE OF BIRTH Temple 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH JUNE 1 1 - 20 - 81 NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MARRIED NEVER MARRIED 11 - 20 - 81 NEVER MARRIED NEVER MAR
24 haurs in Item I r's Office	es land 2 ny event		USUAL OCCUPATION (Give kind of work done ig most of work ig life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Store 11. BIRTHPLACE (Stote or foreign country) COUNTRY? COUNTRY? A A
within pencil xamine	File pages and in any		FATHER'S MAKE Alfred T. Buchingham 14. MOTHER'S MAIDEN NAME Emma Shanch
s certificate shauld be executed within 2 s, writing the ward "pending" in pencil is farwarded ta the Chief Medical Examiner'			WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT FORKLEIGH THIN SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARTER TO SCLERABLE THIN SECURITY NO. 17. INFORMANT FORKLEIGH THIN SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CARTER TO SCLERABLE THIN SECURITY NO. 17. INFORMANT FORKLEIGH THIN SECURITY NO. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
be ex pend hief Me	used as a burial-transit permit. burial, crematian, ar remaval,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) Carteriosclerolie T-V. Diskast 2 yrs.
shauld ne ward a the C	burial-transit matian, ar re		Conditions, if ony, which gove rise to immediate couse (o),
certificate writing th rrwarded to	d as a id, crei		last. DUE TO (c)
This cer icate, wr be farw		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INITIARY OCCURRED. (Enter nature of injury in Part 1 of Item 18.)
H= 70	ge 3 should be agent, prior to	AL CERTIF	PRIMARY or CONTRIBUTING FLOOR STORMS TELLON Floor et done.
AL EXAMINER: execute the cert r. Page 4 shaule far yaur files.		MEDICAL	Hour am 3-3 1987 While of work of work of work of work while of work with the other work with the street of the bidg. etc.)
e exector. Po	L DIRECTOR: Pairs designated		21. I certify that I taak charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and in my apinion death resulted fram: Natural causes X, Accident, Suicide, Hamicide, Undetermined manner
JTY ME. ry, pleaseral dire	FUNERAL DIRECTOR: alth ar its designate		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED EXAMINER'S DEPUTY MEDICAL EXAMINER
		230	NAME (Type) D. D. CAPLES Address (Street, city, town, or county)
-	2-0		REMOVAL (Specify) 6/7/1967 Druid Ridge Pikesville, Balto.Co.Md.
VR A1	5ME (5)	H.	FUNERAL DIRECTOR W. Jenkins & Sons Co. 4905 York Rd. Balto.12, Md. 250. RECIDENTESTRAR 1967 DATE 250. RECIDENTESTRAR 1967 DATE

S To Report and the second second The state of the second property of the second seco LELLY BLANCE PERMITTEN Market V referred to the territories of the territo party in the first that the same and the sam See The Carlotte and mark the property of the X X 7 and and a second

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

77708	ERTIFICATE	OF DEATH		7690
1. PLACE OF DEATH o. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution b. COUN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) LANSDOWNE	OF STAY IN 16	c. CITY OR TOWN (If our	tside corporote limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street or	ldress)	d. STREET ADDRESS	e IS RESIDENCE	
130 HAZEL AVE.		130 HA	ZEL AVE.	ON A FARM? YES NOX
DECEASED	Middle BUCKMASTER	Last	4. DATE Month OF DEATH 6	Doy Year 19
S. SEX FEMALE 6. COLOR OR RACE WIDOWED NEVEL WIDOWED	R MARRIED 8. DIVORCED 8.	7/3/09	9. AGE (In years lost birthday) 57 yrs.	Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE INDUSTRY	IESS OR	11. BIRTHPLACE (County & MD	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
JOSEPH WALLACE		BARBARA	JONES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)		FORMANT CTIN W. BU	Addres	21227 130 HAZEL AVE.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	/	le sten	ach	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 100 While Not W	INJURY OCCURRED. (E	Enter noture of injury in F	Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCUR While Not Work of work	hile factor	E OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (State)
21. I certify that (I) (this hospital) attended the desaw the deceosed alive on 19 19				, 1967, that (I) (we) last and on the date stated obove.
220. SIGNATURE More & Stewle	22b. DATE SIGNED 6			
22c. PHYSICIAN'S NAME (Type) MORRIS W. STEINBERG		22d. ADDRESS 3912 HO	LLINS FERRY RI	21,227
23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAM	E OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Tov	vn) (County) (Stote)
	JDON PARK		BALTIMORE, I	
24. FUNERAL DIRECTOR HOWARD H. HUBBARD 4107 WILKENS	DRESS AVE. 212			GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave cachon papers. Page shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, which 72 haurs af

The state of the s

Mayour Print

The state of the s

ハラブロち

07691

	0440	47		CLKIII	ICAIL	OI DEATH					., 0 1	
	CE OF DEATH OUNTY	Baltimore		MARY	YLAND		aryland	b. COU	NTY Har	ford		7
b. (TY OR TOWN (f autside carporate limits Laive nearest tawn)	,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corporote e deGra			e neorest t	own)	
		AL OR INSTITUTION (If no	t in hospital a	- 0	Tody	d. STREET ADDRESS	e deora	oe, mar	Tanu	13.0	IS RESIDE	NC
	RING GR		HOSPI'			Box 34					ON A FAR	M
3. NA				Middle			T A DATE	44	41.	YE		10
DEC	EASED	Fin			T	lost	4. DATE OF	Mon		Doy	Year	
S. SEX	pe or print)		aire	Healy		DATE OF BIRTH	DEATH	AGE (In years	IF UNDER	27	F UNDER :	6
		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED				lost birthdoy)	Months		Hours	-
	male	white	WIDOWED	L_65	, []	March 28,		yrs.	1 10 (1	TIZEN OF V	TALIN	
during.	most of working	(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Count Massach)		ign country)	(0	TIZEN OF V UNTRY? S.	/HAT	
	THER'S NAME	16				14. MOTHER'S MAIDEN		7 0	10.	0.		-
	Uni					Kovett	1	calg				
1S. W (Yes, n	AS DECEASED EVE o, or unknown)	R IN U.S. ARMED FORCES?	f service)	SOCIAL SECURITY NO.		FORMANT ords: SPRI	ING GRO	OVE ST		HOSP:	ITAL	
18		EATH (Enter only one coust TH WAS CAUSED BY: IMMEDIATE CAUSE	Maro		Infa	rction, a	acute,	death			VAL BETW	
ris	H301 anditions, if ony se to immediat oting the unde	e couse (o), DUE	(b) Arto			c Cardio	0-153			10	yrs	}
	st.					s, genera			Te	15	yrs	5
NOITA	ART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	HE TERMINAL DISEASE O	ONDITION GIVEN	IN PART 1(o)		19. W PI YES	AS AUTO	PS D' 10
CERT O	R CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury in	n Port I or Port	II of item 18.)				
MEDICAL)c. TIME OF INJ Hour 'o.	10	20d. IN While of work			OF INJURY (Home, fa ry, street, office bldg., et		(City or town)	(Co	unty)	(S	to
	21. I certi	fy that () (this has eceased alive an_	oital) attend	ded the deceased	framS and that	death accurred a	12305M,	June 2' fram causes	7, 19_ and an t	67 that he date	t ≱t) (w stated	0
2	20. SIGNATURE	Milling	Ille	my Ill	M.D.		MED. DIRECTOR	STAFF PHYS.	3 6	ATE SIGNED	67	
2	2c. PHYSICIAN'S NAME (Type		8. V6	ang, M.D.			SPRING (Catons vi		TATE H		CAL	
230	URIAL REMATI	ON, 23b. DATE THE	BEOF 64	23c. NAME OF CEMI	EJERY, OR C	REMATORY	234/10/	ATION (City or To	was lace	(County)	(Sto)
24. F	UNERAL DIRECTO	R /	2 -	MODRESS	4		C'D BY REGISTRA	R 2Sb. R	EGISTRAR'S S		des	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth Poge 4 may be retained by the hospital ar attending physicion.

VR A15 (4) 25M 1/67

MADE TO STREET

2 22 . 60

Pio in				
.	no promote warms and			
	on's an incident	while I		
	The Best of Best of			
6 •	estate un canal di	100		elives of
	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Ow			
	T 437010 DITPIE INDICATE			
Tell I	fereiten, couts, donat	Luibran	own .	
ne lo ve		nd l		
(m) 31 6	elime (harifu eleg (#288			

MARYLAND STATE DEPARTMENT OF HEALTH OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1967

J 9 8	V	MED	ICAL EXAMINI	EK 3 CE	KIIFICATE U	T DEATT	1	U	1637	3
PLACE OF DEATH a. COUNTY	Baltimore		MARYLA		USUAL RESIDENCE (o. STATE Mary)	Where deceased and	lived, if instituti b. COUN	an: Residence be	efare admiss	sion)
b. CITY DR TDWN (write RURAL and	If outside corporate limit d give nearest tawn) VSON	s,	c. LENGTH OF STAY IN	lb c.	CITY OR TOWN (If at		limits, write RUF		grest tawn)	
d. NAME OF HOSPIT	St. Josep			d.	STREET ADDRESS	45 Oak	leigh Ro	oad	e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	JAM	ËS	F. Middle	BURNS	Lost	4. DATE OF DEATH	June	3		67.
S. SEX Male	6. COLDR DR RACE White	7. MARRIED WIDDWED	NEVER MARRIED DIVORCED		TE OF BIRTH		AGE (In years last sthday) yrs.	Months Da		ER 24 HRS Min.
10a. USUAL OCCUPATION during most of working Asst. Vic	(Give kind of work done life, even if refired) President		ND DE BUSINESS OR BUSINESS	1	BIRTHPLACE (State Ma)	or foreign cau	ntry)	12. CITIZEN CDUNTI	OF WHAT	SA
13. FATHER'S NAME	George I	. Burn	s	14.	MOTHER'S MAIDEN	NAME Fr	ances M	umma		
15. WAS DECEASED EVE (Yes, Yesynknown)	R IN U.S. ARMED FDRCES? (If yestative War 2 dates of	of service) 21	2-18-2739	Mrs.	Sue Burn	5	Addre	(Same)		
Conditions, if any rise to immedial stating the underlost.	, which gave) te couse (o), (TD (b)	orôn	any	Arte	NY I	Tise	ase	14	2
PART II. OTHER SI	•		TO DEATH BUT NOT RELATED TO SCRIBE HOW INJURY OCC						19. WAS AU PERFOR YES	ITD PSY MED? ND
	NTRIBUTING									
Haur a.i	m. 19	While at war	k Nat While at wark	factory, s	INJURY (Hame, fara treet, affice bldg., etc.)	(City ar tawn)	(County)		(State)
ACTUAL SIGNATURE EXAMINER'S	, proj	Couses	Accident	Suicide	CHIEF MEDICAL D. ASSISTANT MED DEPUTY MEDICAL	EXAMINER [determined m		22) BAT	y opinio
23a. BURIAL, CREMATII REMDVAL (Specify Burial	DN, 23b. DATE JH	FREOF 7.	23c NAME OF CEMET		nal Cem.	23d 1DC	TION (City or To	Md. (Cau	unty)	(State)
24. FUNERAL DIRECTO)R	e. Bal	te. Md. 212	14		D BY REGISTRA	1967 RE	GISTRAR'S SIGNA		7

P.M.3. Poge 2, ond 3 t ony delay in pencil in Item 18. Give Pages 1, This certificate should be executed within 24 hours ofter deoth. If

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the state Department of the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

"pending"

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

ben Care Care

in the opening

June 3

54 . 26, 1971. B

STREET, STREET

Bern The Carl

freezent fluore.

Cathara a tocasi .:

JAMES -

ating plate

uniting the distinct out the

antico. ... orton

Alaler, religione letional ven. Enligane, id.

terminal de Monda, len calto, - 21210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7711

CERTIFICATE OF DEATH

Reg. Dist. No. 07693

	44	GERTINIO.			-		Reg. D	ist. No.	UIC	130
1. PLACE OF DE a. COUNTY Balt	ath timore	MARYLAND	2. USUAL RESID	ENCE (Wh	ere decease	d lived. If instituti b. COUNTY		nce befo	re admiss	ian)
b. CITY OR TO RURAL and Cate	OWN (If outside corporate limits, writ give negrest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR T		outside corpo	prote limits, write R		give nec	orest town	1)
d. NAME OF OR INSTIT	HOSPITAL (If not in haspital, give streution Nursing Home	eet address)	d. STREET A		reder	ick Rd.		_		FARM?
3. NAME OF DECEASED (Type or print	First	Middle	Lost		4. DATE OF DEATH	June June		1967	,	Year
5. SEX		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	15,	1892	9. AGE (In years last birthdoy) 75 yrs.	IF UNDE Months	R 1 YEAR Doys	IF UNDE Hours	ER 24 HRS. Min.
10a. USUAL OCC during mast	CUPATION (Give kind of work done of working life, even if retired)	0b. KIND OF BUSINESS OR INDU		yland	_	ountry)	12. CI	TIZEN OF		OUNTRY?
13. FATHER'S NA	AME		14. MOTHER'S	MAIDEN N	IAME		1			
	eorge Burns			Ma	ary Gi					
Yes, no, or unknown	SED EVER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.			4. Bur	ns ck Rd	ress	31	H i	
Condition gove rise couse (o), lying caus	OF DEATH (Enter only one cause pet I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Due To The pet of immediate stating the under telest. U. D. DUE TO DUE TO DUE TO Co. DUE TO DUE TO The lost. II. OTHER SIGNIFICANT CONDITION	uknunnn	EM T NOT RELATED TO	THETERMI	S. C.	CY 7	VEN IN PA	ONS	9. WAS	AUTOPSY
OR CONTRI	ENT WAS UNDERLYING 20b. E BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of	injury in	Part I ar Pai	rt 11 af item 1B.)				NO 2
20c. TIME OF	o. m. Wh	L.	ACE OF INJURY (Foctory, street, office		20f. (City	y or town)		(County)		(Stote)
alive an_ ACTUAL SIGNATURE PHYSICIAN	STLAMA. F /	cased fram	M.D. 553	0 3	ADDRESS (S	the causes are treet, city ar tawn,	and an th		stated	
22a. BURIAL, CR REMOVAL (BULLIA	EMATION, 22b. DATE THEREOF Specify)	22c. NAME OF CEMETERY C			22d. LOCA	TION (City, town, Batimore	or county		(Stot	le)
	RECTOR'S SIGNATURE RE F. D 4101 E	ADDRESS dmondson Ave.		24a. REC'	D BY REGIS	TRAR 24b. REGI		IGNATU	and g	L

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 he funeral directar, should be filed with. moy be retained the haspital or attending physician.

S FUNERAL DIK R: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. the registrar priar to burial, crematian, ar remaval, and in ony event within 72 haurs after death. TO HOSPITAL OR moy be retained TO FUNERAL DIR VS A15 (4) 15M 9/58

B

0.2001.11.00

Autorit Marsing Some States

BUTTLE BUTTOBLE

- Not Took - Day (St)

a rull A dqseol.

nar. 15, 1892 (2075 ha

San Panalyzaid

700 T. 1967

THE FULL PROPERTY OF THE PARTY OF THE PARTY

wirled School few Orthograph Cen. cathlenne, Rd.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07694

077,12

2 1	DIACE OF BEATH	•			I a tigual propriet	and the	10 100	D :1	1 / 1	
	PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDENCE (o. STATE	Where deceosed	d lived, it institution b. COUNTY		before admi	ission)
	b. CITY OR TOWN (If outside corporate limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote	limits, write RURAI	ond give n	earest tawn	1)
	FORT	HOWARD		3 DAYS	BAI	TIMORE		3,	0.4	
(AL OR INSTITUTION (If not in I	aspital, give	street address)	d. STREET ADDRESS				e 15 R	ESIDENCE
	VETERANS	ADMINISTRATI	ON HO	SPITAL	1805 E.	28th S	TREET		YES [A FARM?
	NAME OF DECEASED	First		Middle	Lost	4. DATE	Month		Doy	Year
	(Type or print)	PHILLIP		JAMES	CAMPBELL	OF DEATH	JUNE	1	.0,	1967
S. S	SEX	6. COLOR OR RACE 7. A	MARRIED I	NEVER MARRIED	B. DATE OF BIRTH	9.		IF UNDER 1 Y		IDER 24 HRS.
	MAIR	21200210	DOWED [DIVORCED	1/29/28		lost birthdoy) Yrs.	Months D	loys Hou	rs Min.
10o.	. USUAL OCCUPATION ng most of working	(Give kind of work done	10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (County	& State, or fore	ign country)	12. CITIZI	EN OF WHAT	
don	PRESSE		DRY	CLBANING	LYNCHBURG.	VIRGI	NIA	U.	S.A.	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	V			
	JOHN D	. CAMPBELL			MAGNOLIA	JONES				
15.	WAS DECEASED EVE	RINIIS ARMED FORCES?	16. 500	CIAL SECURITY NO. 17.	INFORMANT		Address			
(Te	yrs (no, or unknown)	(If yes give wor or dotes of serv KOREAN	228	22 36 17 CT	INICAL RECOR	TO VA	H. RT. HO	WARD	MD.	
		ATH (Enter only one couse pe				,			INTERVAL	BETWEEN
		TH WAS CAUSED BY:		MOCOCCAL MEN	INGITIS				ONDIAM	
	493	493X IMMEDIATE CAUSE (o) DUE TO								
	Conditions, if ony,		-					4000		
	rise to immediat	e couse (o),								
	stoting the under	rlying couse (c)	UMONIA. LEFT			2	UNKNO	WN		
	PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19. WAS A	UTOPSY
10		ALCOHOLISM: D							YES T	RMED?
CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING). (Enter noture of injury in					
MEDICAL		JRY Month, Doy, Yeor	20d. 1NJU	RY OCCURRED 20e. P	LACE OF INJURY (Home, forn	m, 20f.	(City or town)	(Count	y)	(Stote)
MED	Hour 'o.n	10	While of work		octory, street, office bldg., etc.	.)				
		fy that 🗱 (this haspital			June 7.	19 67 , ta	June 10	1967	, that 🕱	(we) last
		eceased alive on	une	10,1967 , and th	at death occurred at	8:00PM	from couses on	d on the	dote sta	ted obove.
	220. SIGNATURE 22b. DATE									
	M.D. ATTENDING MED. STAFF IN 6/13								1/67	
	22c. PHYSICIAN'S NAME (Type)	NEILON NEII	son,	M.D.	VA HOSPIT	'AL, FO	RT HOWARI	, MAR	YLAND)
230	BURIAL, CREMATIC	ON, 23b DATE THEREOF	11-1	23c. NAME OF CEMETERY O	R CREMATORY .	23d. LOC	ATION (City or Town) (Co	ounty)	(Stote)
	BURIAL	6/14/	6/	BALTIMORE NA	TIONAL CEMET			MARYI	AND	
24	. FUNERAL DIRECTO	R	7707	PATTERSON PA		D BY REGISTRA		STRAR'S SIGN	VATURE	42.
	GLOVER F	UNERAL HOME	BALTO	. MD.	DATE DATE	N TA	1967	- Corpe	0	1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages-1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. after death. the Uneral **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs, Page 4 may be retained by the haspital ar attending physician.

27

VR A15 (4) 25M 1/67

		(S)		E-OMETI A	
			37 C E	CEL DY	7207
A	the stream	3.5 2005		DIT LIKEVITA	VERTER
10, 67	THUL	Hellin	2 PAG	aliti.	
	39	3,/29/28		0500	77 13
U.S.A.	AINTOALV	e 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ontwinto yro		RLSSE 1
	2.10.	MADROLLA		Tiggynn	g wor
.drds.ado	. T. E.V.	DATE A DEAL	228 22 36 27 3	(ALSON	754
DAKS		ELIONI	MELLINCOCCAL 1E		
			proc good		
V640109170		The Table	The Artist States		
Z		SPILTESY, IDI	ecuse mass	DONULES:	014004.1

June 1, 69 June 10, 67 June 1. , "! 10/16 VA HOSPITAL, FORT HOWARD, MARYLAND MELICA MECISON, P.D. A / 4 ... BEST TWORKS BEST AND LESS THE BEST AND A LONG TO A LONG

CLOUR BREEKL, BORE THE SHEET, FOR ALL ALE.

10

2

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07713

CERTIFICATE OF DEATH

07695

									0	., 0		
	PLACE OF DEATH a. COUNTY	ltimore				2. USUAL RESIDENCE (V		eosed lived, if institution	n: Resider	nce befor	e odmissio undle	n
				MARYL			yland	1	Anne	e Ar	und1e	è
	b. CITY OR TOWN (If autside carparate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If au	utside carpo	prote limits, write RUR	AL and giv	e neares	t tawn)	
	Catonsv	d give nearest town 228		55yromt	h20d	ys Cumberst	one		1	2.2		
		AL OR INSTITUTION (If not		ive street oddress)		d. STREET ADDRESS					e IS RESID	ENCE
		Grove State	Hospi			Unknown						NO 🗌
	NAME OF DECEASED	Firs	t	Middle		Last	4. DATE	Manth	1	Doy	Yeo	it
	(Type ar print)	Mar	У	White	C	arswell	OF DEAT	H June	21		19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
	Female	White	WIDOWED	DIVORCED		1880		last birthday) 87 yrs.	Manths	Days	Hours	Min.
		(Give kind of work done		ID OF BUSINESS OR		11. BIRTHPLACE (County	& State, or	fareign country)		TIZEN OF		
guri	ing mast of warking Housewi		INI	DUSTRY		Kansas			TI	S.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			100		
	Wathan	T.Tlad A										
15	Mathew	R IN U.S. ARMED FORCES?	14 6	OCIAL SECURITY NO.	17 4	Martha NFORMANT	under	CWOOQ Addres				
(Ye	is, na, or unknown)	(If yes give war ar dates at	service)	OCIAL SECURITY NO.	17.			7100.0				
					R	edords: Sp	ring	Grove Sta	te Ho	ospi	tal	
		EATH (Enter only one caus								INT	ERVAL BET	WEEN
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (Pul	nonary En	ibol	ism, acut	e, m	assive		170	FT AND	IAIH
	466,	DUE 1	ro							1		
	Conditions, if any		b) Thr	ombosis.	dee	p pelvic	vein	s. left		1	L da	W.
1	rise to immediat	e cause (a), {										
	stating the under	riving couse	(c)									
		GNIFICANT CONDITIONS CO		DEATH BUT NOT BELL	TED TO T	Ur Troubles Distant CO	UDITION CI	WENT BY DADY 16 1		1.0	WAS AUTO	NDCV.
NOI	PAKI II. UITEK SI	GNIFICANT CONDITIONS CO	NIKIBUTING T	J DEATH BUT NOT KELA	IED IO I	HE LEKWINAL DISEASE COL	NUITION GI	VEN IN PAKT I(a)			PERFORMI	ED?
3	OO. ACCIDENT WAS	- Illumentation -	Look pro	CDIES HOW INVESTIGATION	LIDDED /					YI	ES 📗	NO 2
MEDICAL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	ZUb. DES	CKISE HOW INJURY OCC	.UKKED. (Enter nature af injury in	Part I ar P	'art II of item 18.)				
Z	20c. TIME OF INJU	JRY Month, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Hame, farm	n. 20f.	(City or town)	(Co	unty)	- (State)
MED	Haur a.r	n.	While	Nat While		ary, street, affice bldg., etc.				1,		,
	21 Leartii	114	at wark		r Clabo	0-4 7 1	033	to June 2	1 10	67 4	m 30) /.	····· Imat
	21. I certify that (1) (this haspital) attended the deceased fram Oct 1, 1917 ta June 21, 1967, that 20) (we) last saw the deceased alive an June 21, 1967, and that death accurred at M, fram causes and an the date stated above.											
	22a. SIGNATURE P. 22b. DATE SIGNED											
	1/1/	MIMORE		my	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6.	-21-	67	
	22c. PHYSICIAN'S NAME (Type)		1 400	no M.D.		22d. ADDRESS	Sprin	ng Grove S	tate	Hos	pital	
	NAME (Type	Arrenony	J. You	ng, M.D.		Baltimo	re, N	laryland 2	1228			
230	BURIAL, CREMATIC	ON, 23b. DATE THEF	REOF	23c. NAME OF CEMET	ERY OR (REMATORY	23d.	LOCATION (City or Tow	n)	(County) (Si	tate)
	REMOVAL (Specify	July 12	, 1967	V U. of I	Md.	An.Bd.		Baltimore				
24	. FUNERAL DIRECTO			ADDRESS			D 8Y REGIS		SISTRAR'S S		E	
						DATE JU	N 2 9	1967 10	111-	0	Luci	-
						DAIL	11 20	IJOV K	mony	Com 1	LARMAN,	R

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. Poge 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

And to have a few and the second seco

Adjust to the property of the colour beauty of the

Three to the control of the polyte walnut and a loss of the control of the contro

Residence of the state of the

The End of the Control of the Contro

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09144 CERTIFICATE OF DEATH executed-within 24 haurs after death NAME OF DECEASED 2. DATE AND, HOUR OF DEATH an) thorns PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE COUNTY BOX FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or location) (If outside city limits, write RURAL and give township) INSTITUTION filled 00 5. SEX 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED S. DATE OF BIRTH 9. AGE (tn years If Under 1 Yr. WIDQWED, DIVORCED (specify) lost birthday! Months Doys neve mand 110A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working tife; even/if retired) physician (certificate Q_13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL "Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. that the ed by the CAUSE OF DEATH INTERVAL BETWEEN physician. DISEASE OR CONDITION DIRECTLY signed burial-tr LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, has been se as the attending injury ar complication which coused death.) The law ANTECEDENT CAUSES use DISEASES OR CONDITIONS, if any, giving 5 **DIRECTOR:** After this certificate ge 3 should be detached for us rise to the obove couse (A) stoting the O HOSPITAL OR ATTENDING PHYSICIAN: UNDERLYING CONDITION lost. be retained by the haspital OTHER SECULEICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (1)((this haspital) oftended the deceased fram U 12 L/ 19 that (1) (we) last saw the deceased alive an and that in (my) ((ur) pinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending director, page TO FUNERAL 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type M.D 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) VR A15 (4) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Marco.

CD ALL SCALULATING STATE OF A 185 PRODUCT STATE OF STATE

THE PERSON OF

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending thysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter death.

Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

MAKILAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120
CERTIFICATE OF DEATH

00013	CERTIFICATE	OF DEATH	07696							
D. PLACE OF DEATH O. COUNTY Baltimore	MARYLÂND	2. USUAL RESIDENCE (Where deceosed lived, if o. STATE Maryland	b. COUNTY Baltimore							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, w	vrite RURAL and give nearest tawn)							
			03.1							
d. NAME OF HOSPITAL OR INSTITUTION (If nat in has		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?							
622 Fairway Drive		622 Fairway Di								
3. NAME OF First DECEASED (Type or print) Agnes		D CATH	Month Day Year 1967							
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In y	years IF UNDER 1 YEAR IF UNDER 24 HRS. hday) Months Days Haurs Min.							
	OWED K DIVORCED	bary 11,10/2 [4	yrs.							
10a. USUAL OCCUPATION (Give kind af wark dane during most af warking life even if retired) 10 Memaker	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country London, England	y) 12. CITIZEN OF WHAT COUNTRY?							
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
John Donnelly		unknown								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give wor or dates af service)		Reese Chenowith 6	Address 522 Fairway Dr.#1							
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBU	erminal pulm TING TO DEATH BUT NOT RELATED TO THE	anangedeura & zus	I(a) I9. WAS AUTOPSY PERFORMED? YES NO X							
2Dc. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19 2Dd. INJURY OCCURRED While at work at										
21. I certify that (I) (this haspital) attended the deceased fram DCC/7, 1965, to 6-10-, 1967 that (I) (we) last saw the deceased alive on 6-9-1967, and that death accurred at 2-3 M, fram causes and on the date stated above.										
22a. SIGNATURE Sulle	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS 1 22d. ADDRESS									
NAME (Type) Dr. S. G. S	ullivan	1129 St. Paul	St.							
230. BURIAL (REMATION, BUREMOVAL (Specify) 6/13/67	23c. NAME OF CEMETERY OR Moreland Me		ty ar Tawn) (County) (State) County, Md.							
24. FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGISTRAR	25h PEGISTRAR'S SIGNATURE							

stonici dedigono mano de le de

The constitution of the contract of the contra

Market Agent 196, 11

death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7715

CERTIFICATE OF DEATH

07697

								0	100	
PLACE OF DEATH O. COUNTY	BALTIMORE		MAR			E (Where deced	D b. COI	INTY		odmission) RUNDEL
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY		ITY OR TOWN (II	outside corpor	ote limits, write R			
FORT HOW	d give nearest town)		14 DAYS		BRO	OKLYN I	PARK	- 0	12.2	
	TAL OR INSTITUTION (If not	in hospitol, g	ive street oddress)	d. S	TREET ADDRESS				0.	IS RESIDENCE ON A FARM?
VETERAN	S ADMINISTRA	TION H	IOSPITAL	52	5 OLD R	IVERSI	DE ROAD		Y	ES NO
NAME OF	Firs	st	Middle		Lost	4. DATE	Mo	nth	Doy	Year
Type or print)	GEOF	RGE	T.	CHI	LDS	OF DEATH	JUI		12	19 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		TE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys Doys	Hours Min.
MALE	WHITE	WIDOWED	DIVORCE	ED 🔲 J	ULY 24,	1910	56 Yrs.	Mollills	Doys	110013
Oo. USUAL OCCUPATIO uring most of working	N (Give kind of work done		ND OF BUSINESS OR DUSTRY	11.	BIRTHPLACE (Cou	nty & Stote, or f	oreign country)		TIZEN OF DUNTRY?	WHAT
SHEET MEL	AL WORKER		BING COMP	PANY B	ALTIMOR	E, MAR	CLAND		.S.A	
13. FATHER'S NAME HORACE	CHILDS				MOTHER'S MAID					
	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. INFOR	MANT		Add	Iress		
(Yes, no, or unknown)	(If yes give wor or dotes of	service)	17 16 17 9	6 CLTN	RECORD	S VA I	HOSPITAL	. स्था म	OWAR	D. MD.
		o per illie ioi	(o), (b), ond (c).)						INTE	
Conditions, if on rise to immedio stoting the undulest.	TH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 7, which gove (te couse (o),	(b) HEXP.	ATOMA							ET AND DEATH
Conditions, if one rise to immedio stoting the undulest.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 (, which gove) te couse (o), erlying couse (GRIFICANT CONDITIONS CO	o) HEP	ATOMA	ELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	/EN IN PART 1(o)		ONS	ET AND DEATH WAS AUTOPSY PERFORMED?
Conditions, if one rise to immedio stoting the undulest.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 (r, which gove te couse (o), prilying couse GIGNIFICANT CONDITIONS CO CHOPNEUMONTA	(c) HERPA	O DEATH BUT NOT RE						ONS	WAS AUTOPSY PERFORMED?
Conditions, if on rise to immedio stoting the undulest. PART II. OTHER S BRONC 200. ACCIDENT WAR	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 (r, which gove te couse (o), prilying couse GIGNIFICANT CONDITIONS CO CHOPNEUMONTA	(c) HERPA	ATOMA						ONS	WAS AUTOPSY PERFORMED?
Conditions, if onvrise to immedio storing the undulest. PART II. OTHER S BRONC 200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN. Hour of	ATH WAS CAUSED BY: IMMEDIATE CAUSE (OUT OF THE CAUSE (OUT	HEP2 TO b) TO (c) DITRIBUTING T 20b. DES	O DEATH BUT NOT RE	OCCURRED. (Enter		in Port I or Po		(Co	ONS	WAS AUTOPSY PERFORMED?
Conditions, if onvrise to immedio stoting the undulest. PART II. OTHER S BRONC 200. ACCIDENT WA OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF IN. Hour o. p. 21. I cert	IMMEDIATE CAUSE (IMMEDIATE CAUSE (DUE 1 (, which gove te couse (o). Berlying couse () IGNIFICANT CONDITIONS CO THOPNEUMONTA AS UNDERLYING G CAUSE OF DEATH MEDIAL EXAMINER UNDERLY MONTH, Doy, Yeor IM. 19 ify that (1) (this hose	DITRIBUTING TO 20b. DES 20d. IN While of work pital) attended	O DEATH BUT NOT RE SCRIBE HOW INJURY OF HJURY OCCURRED Not While O twork	OCCURRED. (Enter	noture of injury INJURY (Home, reet, office bldg.,	in Port I or Po form, 20f.	ort II of item 1B.) (City or town)	<u> </u>	19. YE:	WAS AUTOPSY PERFORMED? S NO [
Conditions, if onvrise to immedio storing the undulost. PART II. OTHER S BRONC 200. ACCIDENT W. OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF IN. Hour o. P 21. I cert saw the co	IMMEDIATE CAUSE (DUE 1 (, which gove te couse (o). BOILTING COUSE () CIGNIFICANT CONDITIONS CO CHOPNEUMONIA AS UNDERLYING () CHOPNEUMONIA AS UNDERLYING () CHOPNEUMONIA (MEDICAL EXAMINER) INTERPRETATION TO THE COUSE OF DEATH (MEDICAL EXAMINER) INTERPRETATION TO THE	ONTRIBUTING TO 20b. DES	O DEATH BUT NOT RE SCRIBE HOW INJURY OF HJURY OCCURRED Not While O twork	OCCURRED. (Enter	noture of injury INJURY (Home, reet, office bldg.,	in Port I or Po form, 20f.	ort II of item 1B.)	/67 , 19_s and an t	19. YE:	WAS AUTOPSY PERFORMED? S NO (Stote) (Stote) at (\$\pi\$(we)
Conditions, if onvise to immedia stating the undulated lost. PART II. OTHER S BRONC 200. ACCIDENT WAY OR CONTRIBUTION (IF EITHER, NOTIFE) 20c. TIME OF IN. Hour o. p. 21. I cert saw the c. 220. SIGNATURE	IMMEDIATE CAUSE (DUE 1 (, which gove te couse (o). Berlying couse CIGNIFICANT CONDITIONS CO CHOPNEUMONIA AS UNDERLYING MEDICAL EXAMINER) UNDERLYING MEDICAL EXAMINER IF that (1) (this hosp leceased alive an	DITRIBUTING TO 20b. DES 20d. IN While of work pital) attended	O DEATH BUT NOT RE SCRIBE HOW INJURY OF HJURY OCCURRED Not While O twork	20e. PLACE OF foctory, stands that dea	INJURY (Home, reet, office bldg.,	in Port I or Po form, 20f.	(City or town) ta 6/12 M, fram causes	/67 , 19_s and an t	19. YE:	WAS AUTOPSY PERFORMED? S NO (Stote) at (\$\pi(we)\$ 1 stated aba
Conditions, if onvrise to immedio storing the undulest. PART II. OTHER S BRONC 200. ACCIDENT WO OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF IN. Hour o. p. 21. I cert saw the co	IMMEDIATE CAUSE (DUE 1 (, which gove te couse (o), erlying couse GONIFICANT CONDITIONS CO CHOPNEUMONTA SUNDERLYING COUSE COUSE OF DEATH MEDICAL EXAMINER IMPLICAL EXAMINER INDICAL EXAMIN	DO HEP	O DEATH BUT NOT RESCRIBE HOW INJURY OF While of work ded the deceased 19	20e. PLACE OF foctory, stands that dea	INJURY (Home, reet, office bldg., 9/67 Ith accurred ITENDING HYS.	form, 20f.	(City or town) ta 6/12 M, fram causes	/67, 19_s and an t	unty) 19. YE ATE SIGNE	WAS AUTOPSY PERFORMED? S NO (Stote) at (\$\pi(we)\$ 1 stated aba
Conditions, if one rise to immedia stoting the undulated lost. PART II. OTHER S BRONC OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN. Hour o p. 21. I cert saw the c. 22c. PAYSTLAN' MARKE (Type) 230. BURIAL, CREMATI	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 () () () () () () () () () (DITRIBUTING TO 20b. DES 20d. IN While or work Dital attende ALBERT	O DEATH BUT NOT RESCRIBE HOW INJURY OF While of work ded the deceased 19	20e. PLACE OF foctory, stram_5/2 and that dea	noture of injury INJURY (Home, reet, office bldg, 9/67 Ith accurred ITENDING HYS. 22d. ADDRESS VAH FO	form, 20f. 19 30A MED. DIRECTOR	(City or town) ta 6/12 M, fram causes STAFF PHYS.	/67, 19_s and an t 22b. D	unty) 19. YE ATE SIGNE	WAS AUTOPSY PERFORMED? S NO [(Stote) at (\$\pi(we) 1
Conditions, if one rise to immedia stating the undulest. PART II. OTHER S BRONC 200. ACCIONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF IN. Hour o p. 21. I cert saw the c. 22c. PHYSCIAN NAME (Type	ATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE 1 () () () () () () () () () (DITERENT	O DEATH BUT NOT RESCRIBE HOW INJURY OF WORLD OF WORK DEATH BUT NOT RESCRIBE HOW INJURY OF WORLD OF WORK DEATH BUT NOT WORLD OF WO	20e. PLACE OF foctory, stand that dead M.D. P	noture of injury INJURY (Home, reet, office bldg, 9/67 Ith accurred ITENDING HYS. 22d. ADDRESS VAH FO	form, 20f. / 19 30A MED. DIRECTOR ORT HOW 23d. I	(City or town) ta 6/12 M, fram causes STAFF PHYS. ARD, MAR OCATION (City or 1	/67, 19_s and an t 22b. D X 6 YIAND Town)	In the date of the	WAS AUTOPSY PERFORMED? S NO [(Stote) at (\$\pi(we) 1

RIPCHIE HICHVAY, BALLIMORE, MD.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled resistant funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Peges 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, cremation, ar remayal, and in any eyent, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

3 2 3					
disciplate party	CHATAYAN			201-722-207A-1	
		69	EVAN AN		MINE THOS
	CAGE BUTTHEYER	325-010	JA71-301 (01)	WHEN THE	MARKEY
78 22 87	INV.	247, 145	.7		
	2 or6t '	AS YOU		27.107	are
,A,ā,U			ATAO SATTUALI	T HORNAIN	
is newso, so.	TVALLEBOR VA (SU		H. EWKERN	17.19	RIY
i.				Al la Udele.	on 10711.
19	V2519 (0) 32/	1,01(8)/5	, , 51		
6/13/67	X		1	10 - Oca	
QA	OKZ BOJAND, WILL	HAY.	· Comme	AZ .G MING	
CLYTPIN	anternityi A Sael a tahi Taha in anter	SECUL LINE	entiti stron	dF enri	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11)	+	Division of STATISTICAL		W. PRESTON STREET, BALTIMORE, A	MARYLAND 21201
7 -		07716	CERTIFICATE	OF DEATH	07698
r death		PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if	institution: Residence befare admission) b. COUNTY
2 die	1	D. CITY OR TOWN (If outside carporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, v	1
2		I. NAME OF HOSPITAL OR INSTITUTION (IF not in ha	2 weeks	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
· = 55		Baltimore Count	y General Middle	13411 Rolling	Koad YES NO
event, wil		DECEASED	a Chmiel	ewsk: DEATH	6 7 1967
	S. 5		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In last birth	
		USUAL OCCUPATION (Give kind af wark dane ng mast af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (County & State, or foreign country POLAND	12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME MARCELLI		14. MOTHER'S MAIDEN NAME FRANCES SZYN/	TIEWICZ
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, ar unknawn) (If yes give war ar dates af service	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address 2/207 N. ROLLING RD.
T.		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Marria	INTERVAL BETWEEN ONSET AND DEATH
מר זס טטרומו, כופ		Canditians, if any, which gave nise ta immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	Potenoseles	The Yasculow	
3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO [
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I ar Part II af item	s IB.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	awn) (Caunty) (State)
		21. I certify that (I) (this haspital) saw the deceased alive an 6 -	attended the deceased fram	t death accurred at 1 M, fram o	auses and an the date stated abo
		22a. SIGNATURE	M.		22b. DATE SIGNED 6-7-67
1		22c. PHYSICIAN'S NAME (Type)		BALTO, COUNTY GO	N. HOSP.
shaule		BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY OR HOLY CRE	OSS CEM HANE	Y ar Jawn) (Caunty) (State) ARUNDEL Co. M. A 25b. REGISTRAR'S SIGNATURE
(4)	1	Fialkowski 2		Ave DARLUN 9 1967	Actionles Judge
	N	FINE MOVASKI	BALTO. MD. 21	231	v

Calipson beached facular head the contract of the second in the warden in

Loughter Darking of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07717			CERTIFI	CATE	OF DEATH		07	699	- Sa		
	LACE OF DEATH					2. USUAL RESIDENCE	(Where deceos			ce before	odmission)
0	O. COUNTY	Lto.		MARYL	AND	o. STATE	d.	b. CO	UNIY	Bal.	to	
b		If outside corporate limit	is.	C. LENGTH OF STAY IN		c. CITY OR TOWN (If o		ote limits, write R	URAL ond give			2
	write RURAL and	give nearest tawn)										
		Towson		2 days		-Towso	1000	44.504	Balti			
d	I. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d. STREET ADDRESS				€.	IS RESIDE	MCE
	St. o	sephs Hospi	ital			8110 H	illend	ale Rd.		Y		NO [
	NAME OF	Mari	irst	Angelina		Lost	4. DATE	Mo	nth	Doy	Year	
	Type or print)	OR Ange	lina	Maria		Cicero Cicero)	OF DEATH	Ju	ne	6	19	67
S. S		6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH	9	AGE (In years	IF UNDER		IF UNDER 2	
	-		WIDOWED	DIVORCED	H		00-	last birthdoy)	Months	Doys	Hours	Min.
10-	USUAL OCCUPATION	(Give kind of wark done		KIND OF BUSINESS OR		July 3 1	887	79 Yrs.	12 (1	TIZEN OF	WHAT	
durir	ng most of working	lite, even if retired)		INDUSTRY		The second Edition is	y & 31018, 01 10	ireigh (outliny)	12. CO	UNTRY?	U.S.A	
	House	wife	At	Home		Italy					1. C.D	
13.	FATHER'S NAME				12.	14. MOTHER'S MAIDEN						
		Nunzio Ma	ranto				U	nknown				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16	SOCIAL SECURITY NO.	17. IN	FORMANT		Ad	iress			
(Yes	No No	(If yes give wor or dotes	of service)		100	Hosp. Rec.						
	Conditions, if ony rise to immediat stating the unde lost.	, which gove e couse (o), rlying couse	(b) (c)	Acute							ET AND DE	
CERTIFICATION	20o. ACCIDENT WA			TO DEATH BUT NOT RELA							WAS AUTOF PERFORMED N	D?
-	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	205. [PESCRIBE HOW INJURY OF	CORRED. (E	arrer notore of injury in	1011101101	it it of tient to.,				
MEDICAL	Hour o.r	n. 19	While of wo	le Not While ork ot work	focto	OF INJURY (Home, for ry, street, office bldg., etc)	(City or fown)		unty)	,	tote)
	21. I certi	fy that (I) (this ha eceased alive an_	spital) atte Jur	nded the deceased to 67, a	fram ind that	June 4, , death accurred a	19_67	pfrom cause	6, 19 s and an t	he date	at (I) (w stated	re) la abav
	220. SIGNATURE	aci fo	(C	Patrice	M.D.	(1110)	MED. DIRECTOR	STAFF PHYS.		ne 6	, 196	57
	22c. PHYSICIAN'S NAME (Type)	ecito	Patricio		22d. ADDRESS	Joseph	hs Hosp	1+a1		Will.	
22-	BURIAL, CREMATIC			23c. NAME OF CEME	TEDY On C			CATION (City or		(County)	(Sto	nto)
230.	REMOVAL (Specify	June 9	1967	Cathedra	1 Cem	etery	Ba	ltimore	, Md.	, ,,		ne)
24	FUNERAL DIRECTO	Lemman. 1	4611 Pa	ark Heights	Av.	Balto JUN	D BY REGISTI	67 250 67	REGISTRAR'S S	SIGNATURI	ye.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove (orbot pages) and 2 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any ever, within 772 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retoined by the hospital or ottending physician.

VR A15 (4) 20 M 1/66

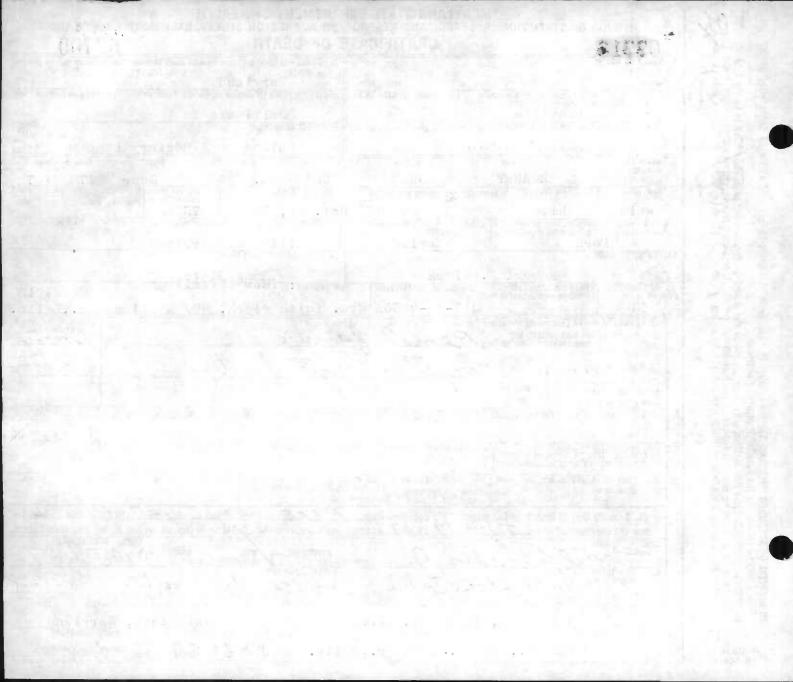
ASSES, MONEY ON THE REAL PROPERTY AND THE PARTY OF THE PA Service and the Carlotte C C AMECINA A to be the second of the seco one 1 | Angle 9, 1657 | Stheetenda Consecuty | Stanoon, 34. Tale 1 to a line of the second of the second

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after beath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07712 CERTIFICATE OF DEATH

-					
a. COL	BALTIMORE	MARYLAND	a. STATE Maryl		
b. CIT	Y DR TDWN (If outside corporate li lte RURAL and give nearest town) Catonsville	mits, c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If out	tside corporate limits, write RURA	L and give nearest town)
d. NA	ME OF HOSPITAL OR INSTITUTION (I	f not in hospital, give street address			e. IS RESIDENCE
	SUMMIT NURSI	NG HOME	Roland	Av & Rectory La	on a FARM?
3. NAME DECEA (Type	ASED or print) ROBERT		Last 4 CLARK JR.	DF DEATH June	Day Year 17 1967
5. SEX	79	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 18, 189	last birthday) Months	R 1 YEAR IF UNDER 24 HRS. Hours Min.
	L OCCUPATION (Give kind of work done st of working life, even if retired)			y & State, or foreign country) 12.	CITIZEN OF WHAT
during mos	st of working life, even if retired) Clerk	INDUSTRY	Raltimor	e, Maryland	COUNTRY?
13. FATH	ER'S NAME	7 662 2 6 62	14. MOTHER'S MAIDEN	NAME	
	Robert	E. Clark	Emm	a Dietz	
	ECEASED EVER IN U.S. ARMED FDRCE r unkown) (If yes give war or dates of serv	S? 16. SOCIAL SECURITY NO. 17	. INFORMANT: Widow	a Dietz EramilyAddress	21218
	O (11 yes give was or pates of ser		rs. Edith Cla	rk,2407 Maryland	
18. 0	CAUSE OF DEATH [Enter only one ca		1 1		INTERVAL BETWEEN ONSET AND DEATH
F	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Renal K	ailure		month
1	DUE TO		1 +1	9	1 1
	tions, if any, which) (b)_	Congestive 6	lan fa	rune	a min tho
cause	(a), stating the DUE TO		U		
	lying cause last. (C)_	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISC	TAGE CONDITION CIVEN IN DART 1/A	19. WAS AUTDPSY
ICAT			LATED TO THE TERMINAL DISE	-ASE CONDITION GIVEN IN PART 1(a	PERFORMED? YES ND
	ACCIDENT WAS UNDERLYING [] DITRIBUTING [] CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of In	ury In Part I or Part II of Item 1	8.)
	TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		LACE OF INJURY (Home, farm, tory, street, office bldg., etc.)		ounty) (State)
) attended the deceased from_		Z, to JUNE 12, 190	
	w the deceased alive on J	/N € / 7 19 0 7, and th	at death occurred at 3:15	AM, from the causes and on	
40	SIGNATURE SIGNATURE	se, g N		ECTOR STAFF 19	Jim 67
22c.	PHYSICIAN'S NAME (Type)	AGER JR MD	6630 BALT, 1	NAT. PIKE BALT	MD 21228
23a. BUR REM	IAL, CREMATION, 23b. DATE THEF			23d. LOCATION (City, town or co	
-	URIAL June 20 ERAL DIRECTOR	, 1967 Mt. Olive		Randallstown, M	laryland
		108 W.North Av., I		0.48 8	who Judge
			DATE	DI IOUI	0 0



1) [1.

and 2 death.

physician and campletely filled in by the fen please remove carbon papers. Pages

event

OL

signed by the atter burial-transit perm burial, crematian, a

has been se as the MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH BALTO. o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 HRS. 40 min d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS DUNHILL VILLAG GENERAL HOSPIM BALTO. COUNTY 3. NAME OF Middle MEYER DECEASED 19 6 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years S. SEX 7. MARRIED NEVER MARRIED birthday) Hours WHITE 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY 3 INDUSTRY MARYLAND Clothing 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service), ond (c).) MYOCARDIAL INFARCTION 18. CAUSE OF DEATH (Enter only one couse per line for (o), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) ot work 6-6-6 21. I certify that (1) (this haspital) attended the deceased fram. , that (1) (we) last 19 6 7, and that death accurred at 0:20 M, from causes and on the date stated above. saw the deceased alive an____ 22b. DATE SIGNED 220. SIGNATURE 6/6/67 PHYS. DIRECTOR 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) REMOVAL (Specify) MARY LAND BNAI ISRAEL 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE **ADDRESS** 2Sb. LEVINSON & BROS. INC. 6010 REIST., RD. DATE

requires that the death certificate be executed within 24 haurs after death physician be retained

The following of the state of t

SERVICE INVESTIGATION OF THE PROPERTY. TOTAL TOTAL CONTROL STATE OF THE STATE OF TH

. IS RESIDENCE ON A FARM? YES NO

Year

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO [

(State)

DATE

(Stete)

SIGNED

YES

IF UNDER 24 HRS

Min.

Dev

USA

विशिवन स्व

AT TOUR

THE STREET AND STREET, ISSUED, AND

DELIGIES IN THE STATE OF THE PARTY AND ADDRESS OF THE PARTY. Soll light contract too. Sold Miller . DO.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

45 -4664

FOR STATE

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18-6ive Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land2 with the State Department of Heolth prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

VR A15ME (5)

MEDICAL EYAMINED'S CEDTIFICATE OF DEATH

07703

	0772		MEDICAL EXAMINI	IN 5 CENTITICATE	OI DEATH		
	PLACE OF DEATH BATT	IMORE COUN	ITY.				before odmission)
	J. COUNTI			- 1			
	o, CITY OR TOWN (If ourside of	corporate limits		The state of the s			
	write RURAL and give near	rest town) DOTA				9	- I
				Balt:	imore - Dunda	Lk (1 - I PECINENCE
							e. IS RESIDENCE ON A FARM?
_							YES NO X
	NAME OF // DECEASED	First	Middle	Lost		onth	Doy Year
	Type or print)			COLDIKE	DEATH JI		25 1967
). ·	SEX 6. COLOR	R OR RACE 7. MA	ARRIED NEVER MARRIED				
м	ale Whit	WID	OWED DIVORCED	1/26/05			Days Hours Min.
00	USUAL OCCUPATION (Give kind	of work done	10b. KIND OF BUSINESS OR				EN OF WHAT
Y	ng most of working life, even if lerchant Seam	retired)	Bethlehem Stee!	L Co. Holland		U. COUN	TRY?
-	FATHER'S NAME			14. MOTHER'S MAIDER	N NAME		
	Sikke Koldy	k		Antje	Weyer		
S.	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT (Wife	Ac	Idres Dunda	lk. Md.
(Ye	s, no, or unknown) (If yes give	wor or dotes of service	180-12-3686		e Coldike 19	38 East	Meld Rd.
7.				MID NOTHILL	0 00201110, 17	70 130001	
			1,7,7,7				INTERVAL BETWEEN ONSET AND DEATH
	IMM		Arteriosclero	tic Heart Dis	ease		
		DUE TO					
	Conditions, if ony, which go		1-0				
	lost.	(c)					
	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(o)		19. WAS AUTOPSY
CERTIFICATION							PERFORMED?
5	200 EVIEDNAL CALICE WAS		ANI DECEDIOS HOM INTUDY OCC	UDDED /F	0 . 1 . 0 . 11 . ()		YES X NO
=	PRIMARY Or CONTRIBUTION	G 🗆	SOD' DESCRIRE HOM INJURY OCC	UKKED. (Enter noture of injury i	n Port I or Port II of Item 18.)		
	CAUSE OF DEATH.						
MEDICAL		, Day, Yeor				(Coun	ty) (State)
ME		19		foctory, street, office bldg., et	(c.)		
A		took charge of t		ve held an Autonsy	Inspection []	oniry 🗀	and in my apinia
					print of the same	, , , , , , ,	and in my apililai
	death resulted fram	: Natural caus	ses X, Accident L,			manner	
	ACTUAL	100	26		N.E.		22. DATE SIGNED
	SIGNATURE	ALTIMOTHS COUNTY String S		ZZ. DATE SIGNED			
	EXAMINER'S						
	NAME (Type)	oll S Fi	sher M D	Address (Stre	eet, city, town, or county)	Tune 2	8 1967
230	BURIAL, CREMATION,				23d. LOCATION (City or	Town) (C	ounty) (Stote)
I	REMOVAL (Specify)	7/1/67	Oak Lawn	Cemetery	В	altimore	Md.
24	FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR 25b.	REGISTRAR'S SIG	NATURE
·	ohn J. Duda,	7922 Wise	Ave. Dundalk.	Md. DATE II	11 3 1967	Milando	y Judge

**

1964

1000

nue a e e cui

· DE SERVICE

the recorded as

The Meridian of the contraction with the contraction of the contractio

A STATE OF THE STA

. a. 9 . s. 6 d. 3 3 tem

Jour J. Duris, 1922 Care tre. In Jan 34, 50.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07704

0666	6	CERTIFICATI	E OF DEATH	0	····
PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	o. STATE Mary		nce George's
b. CITY OR TOWN	(If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	itside carparate limits, write RURAL and gi	ve nearest tawn)
Catons	nd give nearest tawn)	hyrllmthl7dys	West Hy	attsville, Marylan	d //
		t in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
SPRING G	ROVE STATE	HOSP ITAL	6421 Sa	rgent Road	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Firs Juli		Lost Coleman		Day Year 19 67
s. SEX female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED NUMBER WIDOWED DIVORCED	B. DATE OF BIRTH March 22,	last hirthday) Months	Days Hours Min.
	ON (Give kind of work done ig life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or fareign country) 12. C	ITIZEN OF WHAT OUNTRY?
13. FATHER'S NAME	rge Anderson		14. MOTHER'S MAIDEN N		
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, na, or unknown	(If yes give war ar dates of	219-54-3076JI	Records:	SPRING GROVE STA	TE HOSPITAL
Conditions, if an rise to immedia stating the und	ate cause (a), lerlying couse	Brochopneumonis	nmatic, ch	ronie	JONSELAND DEATH 3 days 5 years 119. WAS AUTOPSY
Arter:		c Cardiovas cular			PERFORMED?
20o. ACCIDENT W OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			
	o.m. 19	While at wark of work of the state of the st	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.)		ounty) (State)
		ital) attended the deceased fram_ June 25 19 67, and the			67, that (PF (we) las
22o. SIGNATUR	Mulina	Jeffer Sh	ATTENDING D	MED. STAFF 22b. E	DATE SIGNED 5-26-67
22c. PHYSICIAN NAME (Typ		J. Young, M.D.	22d. ADDRESS SF	RING GROVE STATE	
230. REMOVAL Speci	10N, 23b. DATE THEF (Y) 6-26	-67 Berry Hill	Cemetery	23d. LOCATION (City or Town) Cascade, Virgin	(County) (Stote)
24. FUNERAL DIRECT	TOR	ADDRESS Ball	e, may 250. RECO	by REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death Page 4 may be retoined by the hospital or ottending physician.

VR A15 (4) 25M 1/67

Hearth Stranger with the residence of the second only beyond

TO STACHBOOK STACKS OF

Almone a time. Intelligent and the second of the second of

Development and the second sec

TS posts and to an extra and the second section of the second sec

engan l'engan

meditations and the second of the second of

AND THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY

The property of the state of th

with the maintain all the state of the contract of

name to the contract of the co

consider frame transcentions of the California

CANDIDATE OF THE PARTY NAMED IN COLUMN TO THE

AND DESCRIPTION OF THE PROPERTY OF THE PROPERT

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

b. CITY OR TOWN (If outside corporate limits, with RURAL and give neares town of the part	7705			
	MARYLAND	A STATE		nce before odmission) Balto
wite RURA ond give nearest town)	7 years		limits, write RURAL ond giv	re neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g 8335 Liberty Rd.	ive street oddress)			e. IS RESIDENCE ON A FARM? YES NO
DECEASED (Type or print) Shadrack Wesle	A	0F	June	17
Male White WIDOWED	DIVORCED	July 19, 1887	losi7b@rhdoy) Months yrs. Months	Doys Hours Min.
dring most of working life, even if retired)	DUCTDY	Balto. Co.	ign country) 12. CC	TIZEN DE WHAT DUNTRY? U.S.A.
S. H. Cooper	social escupiva no	Emma Mai		
(Yes, no normknown) (If yes give wor or dotes of service)	4 74 55 1.4			7, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PUE TO Conditions, if ony, which gove inse to immediate couse (o), stoting the underlying couse DUE TO	Thursel	erotic lear	& direase	ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	emphys	en		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Page Ma		
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. While p.m. 19	Not While foct		(City or fown) (Co	ounty) (Stote)
saw the deceosed alive on	22.19.6 , and that	t death occurred atM, ATTENDING MED. DIRECTOR [22d. ADDRESS	STAFF PHYS. D	
230. BURIAL (REMATION, BURIAL DESCRIPTION) 23b. DATE THEREOF June 27, 1967	23c. NAME OF CEMETERY OR Grace Cemeter	CREMATORY . 23d. LOC Bry Uj	ATION (City or Town) pperco Balto.	
24. FUNERAL DIRECTOR Tipton - Eline Funeral Home	address e Hampstead, M	d. 250. REC'D BY REGISTRA		SIGNATURE

ones I and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death the funeral **TO FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. P shauld be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 h w Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

400

House Laborator Man.

volce adopted E

1000000

reserved south THE ATTENDED

At the second and learn will and the

1811 App.

miletine manus

119 4033/1 care Alico law Coll v ballo. 2, 1.

The control

the ter He Little

a bif .co .bdfs over

FOR STATE DEPT HEALTH

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME

3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0779E MEDICAL EXAMINER'S CERTIFICATE OF DEATH

_	US ELE	THIT	OLIVIII TOATE OF	DEATH		7115	
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	e deceased lived, If Ins		ence before ad	mission)
	Baltimass a	MARYLAND	e. STATE Maryland		Baltim	ore	40.3
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 1b	c. CITY OR TOWN (If outside	corporate limits, wr	ite RURAL end	give neares	t town)
	Rural White Hall Yrs	3 .	Rural W	hite Hall	1 03	3.1	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	et address)	d. STREET ADDRESS			e. IS RESI	
			Openshaw I	Road			NO S
3.		3	Lest 4. DA	TE Month	1 [Day Yea	
0	(Type or print) /1/ALTON A. CO	r /Ve	Tr.Sr. OF	ATH DUNG	e 30	19 (17
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR		8. DATE OF BIRTH	9. AGE (In years)	IF UNDER 1 YE		
		RCED	Dec.29,1909	iast birthday) 57 yrs.	Months Day	/s Hours	Min.
10	. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINES	S OR	11. BIRTHPLACE (State or f		12. CITIZ	EN OF WHAT	
au	ing most of working life, even if retired) Carpenter Construct	ion	Virginia		COUN		
13	Carpenter Construct	, 1 011	14. MOTHER'S MAIDEN NAM	E	1 05	21	-
	Wiley Cornett		Izora Par	rka			
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT	YNO. 17.	INFORMANT	Addres	SS		100 101
(4	es, no, or unkown) (If yes give war or dates of service) Yes WW2 215-16-7	460	W.A.Cornett,	Ir. Parki	ton Ma	rylan	4
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), e		West Collie Co.	JI . I AI K		NTERVAL BET	
	PART I. DEATH WAS CAUSED BY:		occhiano		9	ONSET AND	EATH
	IMMEDIATE CAUSE (a)	7	C- CA ALAMA			of bright his	Kaniba
	Conditions, if eny, which (b)	,					
	gave rise to immediate	17-22-1		PS NAME OF THE PARTY OF THE PAR			
	cause (e), stating the underlying ceuse lest.				557110		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELA	ATED TO THE TERMINAL DISEASE	CONDITIONGIVENIN	PART 1(a)	19. WAS AU	
CATI							NO Z
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW	INJURY OCCI	JRRED. (Enter nature of injury	In Part I or Part II o	of item 18.)		
CER	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE	D 20e. PLA		of. (City or town)	(County) (S	State)
MEDICAL	Hour a.m. While Not While at work to et work	facto	ory, street, office bldg., etc.)				
Σ	21. I certify that I took charge of the remains described	l above he	Id an Autopsy . Inspe	ction 4. Inqu	iry .	and in my	opinion
S	death resulted from: Natural causes . Accident		icide . Homicide	. Undetermined		1	
	death resolited from Natural Gauses p, Nooldone		CHIEF MEDICAL EXAMI				
	SIGNATURE CAM- Trans		M.D. ASSISTANT MEDICAL E	XAMINER	1/2	23/ DATE S	SIGNED
			DEPUTY MEDICAL EXAM	MINER -	6/201	167	
	NAME (Type) H. M. F. RANCE		Address (Street, city, t	own, or county)	AKKT	ON Me	1
23		F CEMETERY	Y OR CREMATORY 23d.	LOCATION (City, to	own or county	(St	ate)
	Burial July 3,1967 Bel A	ir Me	m. Gardens Be	el Air, Ha	arford	Co.,	Md.
2	ADDRESS	S	25a. REC'D BY F	REGISTRAR 25b. R	ECISTRAR'S S	ICNATURE	
	Jennich Warrun Stew	artst	own, Partil 5	1967 /	liantes	Judge.	
				- 1/		-	

AL AL TO THE HEAD HAS BEEN BEEN AND THE THE PARTY OF THE LL Course Louis and the second section of the section o the line and linear movement with the control of the he transfer

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours at

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 7723 OF

1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
MARYLAND	a. STATE b. GOUNTY Harf	ord /
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (Noutside corporate limits, write RURAL	
write RURAL and give nearest town) Baltimore	010	1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
G + B. M G -		ON A FARM?
Greater Dalto Medical lenter.	General Delivery.	YES NO X
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) George Dellack	OTTON DEATH 6-11-67	19
5. SEX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Iast birthday) Months	YEAR IF UNDER 24 HRS. Days Hours Min.
M Negro WIDOWED DIVORCED	8-1-1900 66 yrs.	Days Hours Willi.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR CONTROL OF BUSINESS	11. BIRTHPLACE (County & State, or foreign country) 12. GIT	TIZEN OF WHAT UNTRY?
Laborer-Janitor U.S Govt.	Maryland	II S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	W. O. 11.
T1 (P)	District Control of the Control of t	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOGIAL SECURITY NO. 17.	INFORMANT Address	kett (D)
(Yes, no, or unkown) (If yes give war or dates of service)	0 = 4 01 -	
No 217-05-1193	Palients Mari.	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 + +	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) Wide spread	1 melastasis	
163X DUE TO 11 0.	- 0	10 hrs A
Genditions, If any, which (b) Malignant (must, kump	Inth Toley.
gave rise to Immediate cause (a), stating the DUE TO	X	1
underlying cause last. (c)	U	
PART II. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICAI		YES NO
20a. ACGIDENT WAS UNDERLYING 20b. DESGRIBE HOW INJURY OGCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
PARTII. OTHER SIGNIFIGANT GONDITIONS GONTRIBUTING TO DEATH BUTNOT RELATED TO THE SIGNIFICANT OF THE SIGNIFIC		
	CE OF INJURY (Home, farm, 20f. (Gity or town) (Gour	nty) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)	
≥ p.m. 19 at work □ at work □		2
21. I certify that (I) (this hospital) attended the deceased from		1, that (I) (we) last
	death occurred at 5.4 M, from the causes and on the	e date stated above.
222. SIGNATURE M. Ustra bermai.	ATTENDING - MED STAFF	IL SIGNED
M.D.	. PHYS. DIRECTOR PHYS. A 6	(1.6)
22c. PHYSIGIAN'S NAME (Type) M. USHA KUMARZ		e Medical Centra.
	BALTIMORE. M.	
23a. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF GEMETERY	OR CREMATORY 23d. LOGATION (Gity, town or coun	nty) (State)
Burial 15 June 67 Mt. Calvary	Meth. Cem. Aberdeen (Ra	
24 FUNERAL DIRECTOR / Tarring Tunera		SIGNATURE
Watali Warpauler Jr. Aberdeen, M	DATE DATE	In I
The state of the s		

5 (4) 1/65 A.15

.

Server Street Streets Street

C) II I was a second M. Well-a Curan

M. With Runder

thirlas If tune of it. Calvery weth, Car. Abordogn (Her.) Mit.

With the Courter In words " naval

(c) do mis on analy Dec 22-3000

63 11 3 × Equation Bathaner Reduction

India Iday

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07726

CERTIFICATE OF DEATH

07708

		CERTIFICATE	OI DEATH			U 4 6	UO		-10
(PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	/here deceosed li	ved, if institut b. COU		nce befor	e odmissio	in)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote lir		RAL and giv	e neares	t tawn)	3
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in 1	pospital give street address)	d. STREET ADDRESS			0	0 4	e. IS RESID	FNCE
,	St. Josephs Hos			S. Montf	ord Av	venue		ON A FA	NO 🔲
1	NAME OF First DECEASED	Middle F	Lost COUNTY	4. DATE OF	Mon Jur		Doy 25	Yec 196	
S. :	(type or print)			DEATH	E (In years		-	IF UNDER	
	ale white	MARRIED NEVER MARRIED 8	DATE OF BIRTH 9-28-190	01 / 10	t birthdoy)	Months	Doys	Hours	Min.
duri	USUAL OCCUPATION (Give kind of work done and most of working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &	State, or fareign	country)		TIZEN OF OUNTRY?	WHAT	
	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) ((If yes give wor or dotes of serv		NEORMANT		Addr	ess		711	1
(10.	No	He,	LENCOUNT	-Y 61	9 J.M.	ONT	FOI	Rdl	400
	18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).) Metastatic ma	alignancy					ERVAL BET SET AND D	
	1992 DUE TO Conditions, if ony, which gave) (b)								
	rise to immediate cause (a)						-		
	stoting the underlying couse ast. DUE TO		all the later						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN	PART 1(o)	N.		WAS AUTO PERFORM	OPSY ED? NO X
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injusy in P	Part I or Part II a	f item 18.)				
MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work Office of work of work	E OF INJURY (Home, form, ory, street, office bldg., etc.)		y or town)	, 1	unty)		State)
	21. I certify that (I) (this hospital saw the deceased alive on Ju) attended the deceased fram_same 25 19 67, and that		9_67, ta_ 9:30MP, fM	June 2	and an t	he dat	at (I) (v e stoted	we) last obave.
	220. SIGNATURE Regulato	T. Dizar M.D.		MED. DIRECTOR	STAFF PHYS.	22b. D	ate sign une	25,1	1967
	22c. PHYSICIAN'S NAME (Type) Regalado T.	Dizon M.D.	22d. ADDRESS 7620	York Ro	ad, Ba	altimo	ore .	21201	+ ,MD
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR C		BA	ON (City or To	own) CRC	(County	4d	tote)
24. B	FUNERAL DIRECTOR DARBOWSKI 2818	F.Boltinoge St	2SO RECO	BY REGISTRAR 3 0 198		EGISTRAR'S	IGNATUR	idge	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove around papers. Pages A each should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 haurs after deat Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07727			CERTIFICATE	OF	DEATH		07	709	
1. PLACE OF DEATH 0. COUNTY	Saltimore		MARYLAND	2. USU o. ST	ATE	Where deceosed lived, if ins	titution: Residen OUNTY Ba	ce before odm ltimor	nission) e
b. CITY OR TOWN write RURAL a	(If outside corporate limits, nd give nearest town) Lamsdowne	Name	c. LENGTH OF STAY IN 16	c. CITY		tside corporote limits, write	RURAL ond give	e neorest town	n)
	ITAL OR INSTITUTION (If not Hammonds Fe			d. STRE	T ADDRESS 2417	Hammonds Fe	erry Ro	ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	MILDRED		J. CRAIG		.ost	4. DATE OF June	Month 7,	Doy	Year 19 67
Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	B. DATE O	F BIRTH -1907	9. AGE (In year last birthdoy 60 yr	() Months		NDER 24 HRS.
10o. USUAL OCCUPATIOn during most of working	ON (Give kind of work done of the even if retired)		ND OF BUSINESS OR DUSTRY	11. BIR		& Stote, or foreign country) 7 land		TIZEN OF WHA	IT.
13. FATHER'S NAME Ale	exander Maca	jah F1	cancis	14. MO	HER'S MAIDEN I	L. Grammer			
1S. WAS DECEASED EV (Yes, no, or unknown	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of s	ervice) 16. S		NFORMAN Jan		Craig, 2417	ddress Hammond	s Ferr	y Rd.
Conditions, if on rise to immediate stating the undalest.	ry, which gove on the course (o), lerlying course (course)	Co	ustiple b	auf		a mejer	fees		BETWEEN ND DEATH
PART II. OTHER 200. ACCIDENT W OR CONTRIBUTION (IE STITLED NOTICE	SIGNIFICANT CONDITIONS CON		O DEATH BUT NOT RELATED TO 1						AUTOPSY ORMED? NO
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCURRED.	(Enter not	ure of injury in	Port I or Port II of item 1B.)		
图 Hour c	JURY Month, Doy, Yeor o.m. p.m. 19	20d. IN While of work	Not While focts		IRY (Home, form office bldg., etc.)		(Con	unty)	(Stote)
21. I cert saw the	deceased alive an	tal) attend	led the deceased fram		accurred at		es and an th	, that (I he date sto ATE SIGNED	
22c. Hyylcian NAME (Typ		t Mont	ague). PHYS 22d.	ADDRESS	MED. STAFF PHYS. Arts Bldg.,	Cathedr	a1 & R	.ead
230. BURIAL, CREMAT	23b. DATE THERE (fy) 6-10-		23c. NAME OF CEMETERY OR O			23d. LOCATION (City o Howard C	ounty,		(Stote)
24. FUNERAL DIRECT Howard I		107 W:	ADDRESS ilkens Avenue	21229			registrar's s		ige.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

377 3 3 3 Personal Community of the state of the state

net Vingenetae ... net etz. d'ac fer l'el l'enga mont fre l'Alleria. L'activation de l'est tour et l'engage et le transper l'elle et l'engage et l'elle et l'engage et l'engage et L'activation de l'est de l'engage et le transper et l'engage et l'engage et l'engage et l'engage et l'engage

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATEM DEPTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE b. COUNTY o. COUNTY 2, ond 3 to PM3. Poge BALTIMORE Maryland to MARYLAND Department CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Halethorpe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS be forwarded to the Chief Medical Examiner's Office along with form Give Pages 1, 00 1826 E. Chase Street Halethorpe Farms Road e Stot DATE Pronouncied 3. NAME OF First Middle DECEASED S. ANTHONY (Type or print) DEATH June 24 hours ofter of in Item 18. Give 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED WITH Months deoth. Male Negro WIDOWED DIVORCED lond 2 16 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? hours ofter NONE

13. FATHER'S NAME pages MORE pencil be executed within a.Mes permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) event within pending 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit PART I. DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o) certificate should writing the word DUF TO any (Conditions, if ony, which gove rise to immediate cause (a), = DUF TO 0 stoting the underlying couse puo OS used buriol, cremation, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) the certificote, pe

20o. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING

death resulted fram:

CAUSE OF DEATH.

8:40

ACTUAL

SIGNATURE

EXAMINER'S

MEDICAL

20c. TIME OF INJURY Month, Doy, Yeor 167

Natural causes

20d. INJURY OCCURRED Not While ot work

fortory, street, office bldg., etc.)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.)

20e. PLACE OF INJURY (Home, form.

21. I certify that I taok charge of the remains described above, held an Autopsy X,

DEPUTY MEDICAL EXAMINER

Halethorpe Baltimore Md. Inspection , Inquiry , and in my opinion

(County)

Suicide Accident X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER X

Went swimming, went under and did not surface

22. DATE SIGNED

e. IS RESIDENCE ON A FARM?

21

Doys

Year

19 67

IF UNDER 24 HRS

ONSET AND DEATH

WAS AUTOPS

PERFORMED?

YES X

NO

Charles S. Springate, M.D. NAME (Type) 23o. BURIAL CREMATION.

23c. NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

20f. (City or town)

June 22, 1967

REMOVAL (Specify) LYIA

FUNERAL DIRECTOR DATE

VR A15ME (5) 6M 1/67

3 should 4 should

may be retained for your FUNERAL DIRECTOR: Poge

5 may b TO FUNER Health p

9

prior

files.

Poge

funerol director.

the

OTCAL EXAMINER:

en 3 may ALL SQUEEN AND Granda Paral Eliza the San was the AND THE SHOP THE PROPERTY OF THE PARTY OF THE PARTY.

. William The Committee

THE STREET STREET, STR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07729

CERTIFICATE OF DEATH

07711

			CERTIFICATE	OI DEATH		0.0.1			
IJ		LACE OF DEATH			ere deceased lived, if institutio		re odmission) /		
1	0	Baltimore	MARYLAND	a. STATE MARYLAND b. COUNTY -					
	b	. CITY OR TOWN (If autside corporate limits,	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)						
	M	write RURAL and give nearest town) t. Wilson	BALTIMORE						
		. NAME OF HOSPITAL OR INSTITUTION (If not in h	d. STREET ADDRESS e. IS RESIDENCE						
	-	t. Wilson State Ho		1022 E.	BIDDLE ST		ON A FARM? YES NO		
		PHILLIP First Peccased Type or print)	HENRY C	ROCKER	4. DATE Month OF JUNE		y Year 19 6 '7		
	S. S	ΛΛ Λ <i>Γ</i>	MARRIED NEVER MARRIED B	10-13-191	9. AGE (In years last birthdoy) 50 yrs.	Months Doys	Haurs Min.		
	durir	USUAL OCCUPATION (Give kind of work done ng mast af warking life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		12. CITIZEN O COUNTRY	P U S A		
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
	-1	ALFRED CROCKER EUPHANIA JOHNSON							
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, ar unknown) (If yes give war or dates af serv	i and	NFORMANT	Addres	S			
	(10	, no, dr drikindwir) (ir yes give war or dates ar serv	218-01-8870 Rec	cords, Mt.	Wilson Stat	te Hosp	ital		
		tN1	INTERVAL BETWEEN ONSET AND DEATH						
		1	5 HOUR						
	Conditions, if any, which gave) (b)						grang.		
		rise to immediate cause (a),							
		stating the underlying couse (c)							
2	NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART I(a)		WAS AUTOPSY PERFORMED?		
	GERT	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pa	† I ar Part II af item 1B.)		LS NO		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. 19		E OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or town)	(County)	(Stote)		
		21. I certify that (1) (this haspital) attended the deceased from 6-5-67, 19, to 6-9, 1967, that (1) (we) loss saw the deceased alive an 6-90, 1967, and that death accurred at 7.358 M, from causes and an the date stated above							
	-	22a. SIGNATURE	17 67 , and man	dealli accorred ar 7.	ZZ M, Hulli Couses o	22b. DATE SIGN			
	ATTENDING MED. STAFF DIRECTOR								
		22c. PHYSICIAN'S NAME (Type) Wm. Newcome	er, M.D., Supt.	22d. ADDRESS Mt. Wils	son, Marylar	nd	1		
-	23a.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY .	23d. LOCATION (City or Tow	n) (Caunty	y) (State)		
		REMOVAL (Specify) Burial /6/13/6	67 Oakland	0.31	Chauckatuck				
	24.	FUNERAL DIRECTOR HACKS	W. Barre St.	2Sa. REC'D B	Y PEGISTRAP967 25b. PE		Inge.		
	U.	Harras W. Urce po-	L Wa Barre St.		//-		1 0		

Toge 4 may be retained by the transferred in by the function of the function of the following physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 25M 1/67 SERVICE PROPERTY.

The double or ready lupter the fillowing longitude

a was a state of

(12)		
1)	1. (d. I
		b. (
90	C	h.
1	3.	NA DEC
I)	5. 9	
	10a	. U
	13.	FAT
	15. (Yes	W/
J	MEDICAL CERTIFICATION	200 (IF
/	220	PH N
nh	23.	FŲ

the haspital or attending physician.

R: After this certificate has been signed by the attending physician and campletely filled

nsit permit. Then please remove carbon pap and in any event within 72 hours after death.

page 3 shauld be detached for use as the burial-transit

crematian, ar removal,

the registrar priar to buriol,

may be retoined

VS A15 (4) 15M 9/58

1. PLACE OF DEATH G. COUNTY BELLIMOTE MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore								
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Chapel Hill N. H.					d. STREET ADDRESS 407 Mt Holly St. e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)					FARM?		
3. NAME OF DECEASED (Type or print) Elizabeth S. Crosby				L	Last	4. DATE OF DEATH	Jun	th 4,	1967	, Y	rear	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED			8. DATE OF BIF	1, 1873	3	9. AGE (In years lost birthdoy) 93 yrs.	IF UNDEI Months	Days Days	Hours	R 24 HRS. Min.		
10a	. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU		PLACE (State of		cauntry)	12.CIT	US/	_	OUNTRY?
13.	FATHER'S NAME GOOTE	e W. Crost) J		14. MOTHER	Sarah	Trine					
		IN U. S. ARMED FOR If yes, give war or dates of s	1	SOCIAL SECURITY NO. 13-34-7174	Jose 407 Mt	ph Fest	ter St.	Add	ress			
	PART I. DEAT 33/X Conditions, if or gove rise to in cause (o), stoting t	TH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO Dy, which neediote	Per	reballe	nor	rhi	3			IZTE OZS	RVAL 8E ET AND	TWEEN DEATH
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	2	CRIBE HOW INJURY OCCURRE	tero	al			VEN IN PAI	RT 1(a) 1	9. WAS A PERFO 'YES	RMED?
MEDICAL C	County C											
	21. I certify that I attended the deceased fram Jace (, 1967, to 6 / 4 , 192) that I last saw the deceased alive an 6 / 4											
220	NAME (Type) BURIAL, CREMATION			22c. NAME OF CEMETERY O	R CREMATORY			TION (City, town,	ar county)		(Stote	e)
22	FUNERAL DIRECTOR'S	6/6/67		Loudon Pa			B 8Y REGIS	altimore	Md.	CNIATI	ì	
20.	Witzke F.	D 4101	Educ	ndson Ave.		DATE J		1967	Cla	rles	Jud	pe

aut - Link a- Ton Committee and a factor plant . Weleville TOTAL . A CONT. A CONT. A. LEVA enim' dated denrie W. Orescy dignis-Na-Ma ... Completed · Detection off . N . witten and the

derried . 1. - 410 Minordren Ave.

System London Fart Com. At Beatlance, 281.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07730 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours after Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the faneral director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove corbon popers. Pages 1 and 2 should be filed with the State Dept. of Health priar to buriol, cremotian, or removal, and infanyement, within 72 hours after death.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

07712

1. PLACE OF DEATH					
o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Balto.				
b. CITY OR TOWN (If outside corporate limits, write RURAL-and give neorest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	eorest town)			
limonium	limonium	13.1			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
2046 York Road	2046 York Road	YES NO			
3. NAME OF First Middle To Cred (Type or print) Samuel 7.	owther GEATH June	Doy Year 19 67			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y				
Male white WIDOWED DIVORCED /	Nov. 7, 1899 Bybirthdoy) Months D	oys Hours Min.			
1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landwid Real estate	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZI Acruland 13. BIRTHPLACE (County & Stote, or foreign country)	EN OF WHAT TRY?			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Samuel S. (rowther	Mary Collins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address				
	Family records				
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ART. DISEASE	INTERVAL BETWEEN ONSET AND DEATH			
Sanditions if any which cause		IDYK			
rise to immediate couse (o),					
stoting the underlying couse (c) A STAMA	~	20 Yr			
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY			
COMPLETE HEART B	PERFORMED?				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (JE FITHER NOTIFY MEDICAL FYAMINER)	(Enter noture of injury in Port I or Port II of item 18.)				
2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLAI Hour o.m.	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	y) (Stote)			
p.m. 19 of work of work					
21. I certify that (1) this haspital) attended the deceased fram	t death accurred and the				
21. I certify that (1) this haspital) attended the deceased fram	t death accurred at fram causes and an the ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D				
21. I certify that (1) this haspital) attended the deceased fram saw the deceased alive an	t death accurred at tram causes and an the	date stated above			
21. I certify that (I) this haspital) attended the deceased fram_saw the deceased alive an	t death accurred and fram causes and an the ATTENDING MED. STAFF 22b. DATE PHYS. 22d. ADDRESS CREMATORY 23d. LOCATION (City or Town) (Co.	date stated above			
21. I certify that (I) this haspital) attended the deceased fram saw the deceased alive an 220. SIGNATURE 220.	t death accurred and fram causes and an the ATTENDING MED. STAFF 22b. DATE PHYS. 22d. APDRESS CREMATORY 23d. LOCATION (City or Town) (CCC	date stated abave SIGNED - 67			
21. I certify that (I) this haspital) attended the deceased fram_saw the deceased alive an	t death accurred at fram causes and an the ATTENDING MED. STAFF PHYS. 22b. DATE 22d. APODESS CREMATORY Park 23d. LOCATION (City or Town) Park 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	date stated abave signed — 67			

THE HEALT TOWN TO THE TOWN TO THE A Youth will be in Burner Friedrich A TOTAL STATEMENT I CONTO STEEL FOR Manager and the state of the st

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

PM3.

form

delay ond 3

be executed within 24 hours after deoth. If "pending" in pencil in Item 18. Give Poges 1,

This certificote should writing the word

d 'pending' in pencil in Item 1 Chief Medical Examiner's Office

the

forworded to

pe

4 should

the funerol necessary,

pleose execute the certificote,

O DEPUTY MELICAL EXAMINER:

Page death 9 Department. ofter hours Stote along with the director. Page

	Ind 2 mi	went wi	
	pages lo	in any e	
	File	and	
	'O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-whi	Health or its designated agent, prior to burial, cremation, or removal, and in any event wi	
	used	burio o	,
Hes.	3 should be	int, prior to	
a moy be retuilled for your mes.	OR: Poge	noted age	
nallinia	DIRECT	its desig	
no kom	FUNERAL	eolth or	0
7	0	T	1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Md. a. COUNTY b. COUNTY Raltimore Raltimore MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Baltimore #21 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Apt. 168 Edgewater Apts. ON A FARM? Apt. 168 Edgewater Apts. YES 3. NAME OF Middle 4. DATE Year 1967 lost Month DECEASED Cyphert June Newton William (Type or print) DEATH 9. AGE (In years SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Sept. 18, 1902. la hirthdoy) Months Dovs Male White DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Penna. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Cyphert Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dates af service) 301-12-9246 Mrs. Rose A. Cyphert (Same) 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (b). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS Y PERFORMED? CERTIFICATION YES NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW_INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Not While factory, street, office bldg., etc.) at wark ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection. Inquiry and in my apinian Natural causes Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **DEPUTY MEDICAL EXAMINER** Patterson, **EXAMINER'S** Theodore Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) Baltimore. Md. 6/26/67. Moreland Memorial Cem. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 26 Leenard J. Ruck, Inc. Balto. Md. 21214

VR A15ME (5 6M 1/66

20 m 6 km

milde afail

The force

Ant. 198 describer Apla.

Janlayd note Fb.

PC merce 1-0-

April 163 Southwater Anta-

- 18, 19u2. 69.

Pentil.

axeminize.

The property of

Yes and the state of the state

and interest true seems and its and interest

Male in the least well a large to

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0773	3	CERT	IFICATE C	OF DEATH		9771	15
PLACE OF DEA O. COUNTY	TH Baltimore	N		o. STATE Maryl	here deceosed lived, if instit and b. CO	LIMITY .	efore odmission)
write RURA	VN (If outside corporate limi and give nearest town) SSEX (21)	ts, c. LENGTH OF STA	AY IN 1b c.	CITY OR TOWN (If out:	side corporote limits, write F	RURAL and give ned	orest town)
	O Middleboro	ot in hospitol, give street oddress) ugh Rd.		STREET ADDRESS 1700 Middl	eborough Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ESTE	irst Middle LLA J. DeBAUFR		Lost	OF DEATH June	21, 196	
s. sex Female		7. MARRIED NEVER MAR WIDOWED NOT DIVOR		. 21, 1890	9. AGE (In yeors fost birthdoy) yrs.		ys Hours Min.
during most of wo	ATION (Give kind of work done king life, even if retired) WIFE	10b. KIND OF BUSINESS OF HOME		Baltimore,		12. CITIZEN COUNTR USA	
	niel Geotz			Elizabeth	Clinton		
(Yes, no, or unkno	D EVER IN U.S. ARMED FORCES? wn) (If yes give wor or dotes	of service) 216 05 845		rmant y DeBaufre		dress	
PART 1. Conditions, if	DEATH WAS CAUSED BY: IMMEDIATE CAUSE Only, which gove	use per line for (o), (b), and (c).) (o) Coron a 10 (b) Ort. soluto 10 (c)	7	cclusio dio ves	a. disease		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTH	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE T	TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBL	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJUR	r OCCURRED. (Ente	er noture of injury in P	ort I or Port II of item 1B.)		
	INJURY Month, Doy, Year r o.m. p.m. 19	20d. INJURY OCCURRED While Not While ot work		F INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. 1 c saw th 220. SIGNA	e deceased alive an_	spital) attended the deceas	and that de	eath accurred at	OPM, from cause	, 19 <u>67,</u> es and an the c	
22c. PHYSIC NAME	Type) Louis Se		M.D.	PHYS. 1	MED. STAFF PHYS. Rd. Baltimo	ore, Md.	2120
230. BURIAL, CREI	ecify) 6/26/6	7 Gardens	emetery or crem	Cemetery		0., Md.	
24. FUNERAL DIE		Home 1407 Easte	rn Ave.	DAN UN		REGISTRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral

VR A15 (4) 20 M 1/66

61				any in head has
enon/filed	heafges.		encetti	el .
	(15) xb ±3		1 (S) x	A. 46
	1700 Auddelverugh ich		rations left t.1	
E 21, 1878	nut.	STUDIES .	Atlanta	
	Toe. 21, 130g . W.	X.	onite	6 Eq. (5)
XET	.B. , areal flot	Home	9	livesuoli
	na/nii disdunii		tioned in	t., 1.
	enell enlucio yan			
A Dec 2				
DELET LE . en-	Constitution of the Constitution	e, i. i.	louis Semano	
	ratth Comptons dalltimore			Lalmo
	.077	1-07 Enstern	until Larence	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2		07734	CERTIFICATE	OF	DEATH	0771	16
funeral and er death		PLACE OF DEATH O. COUNTY Baltmore	MARYLANO	o. S	TATE A Cary Jane	of b. COUNTY Bo	Himore
by the S. Pages haves after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neolest town)	c. LENGTH OF STAY IN 16			limits, write RURAL and give n	03.1
24 in per in 22 24 in 22 24 in 22 22 24 in 22 22 24 in 22 22 24 in		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol Balto. Co. Gen. Hospit		d. SIRI	Liberty Roc	2d	e. IS RESIDENCE ON A FARM? YES NO
with feely f		NAME OF DECEASED (Type or print)	Middle	D	Lost J. DATE OF DEATH	Month G	0oy Year 19 6 7
and campletely remave carban n any event, wit		SEX 6. COLOR OR RACE 7. MARRIEI WIDOWEI	O OIVORCED	1-	23-93 7	Yrs.	oys Hours Min.
icate be esician an please re please re l', and in c	10o duri	na most of working life even if retired)	KIND OF BUSINESS OR INDUSTRY Leal Estate	Ba	RTHPLACE (County & Stote, or foreign Lto. Co., Md.	COUN	N OF WHAT TRY? U.S.A.
physician physician nen please naval, and i	13.	FATHER'S NAME Henry Deitz			nnie Penn		
attending p permit. The	15. (Ye	WAS DECEASED EVER IN U.S. ARMEO FORCES?		FORMA	NT 25	Sheraton Road	
that the death certificate be executed ion. by the attending physician and cample: transit permit. Then please remaye cat cremation, or remayal, and in any event		18. CAUSE OF DEATH (Enter only one couse per line f PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	or (o), (b), and (c).) Myscarde	al	Infarction		INTERVAL BETWEEN ONSET AND DEATH
requires ng physici n signed te burial to to burial.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	Coronary	a	rtery dise	are	
r attending r attending to the law bee has bee use as the lith priar.	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		IE TERM	INAL DISEASE CONDITION GIVEN I	IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
rsicians aspital a certificat hed far ht. af Hec	CERTIFICATION		OESCRIBE HOW INJURY OCCURRED. (E	nter no	ture of injury in Port I or Port II	of item 18.)	
IG PHY the ha r this c detach ite Dept	MEDICAL	Hour a.m. Wh			URY (Home, form, 20f. (i t, office bldg., etc.)	City or town) (Count	y) (Stote)
TENDIN ined by R: Afte ould be the Sto		21. I certify that (1) (this haspital) atte	ended the deceased fram	death	accurred at 1010 AM,	fram causes and an the	7, that (1) (we) las date stated abave
be retained by the post of the		220. SIGNATURE Golm Da	well M.D.	PHY		STAFF 22b. DATE PHYS.	SIGNEO G-67
HOSPITAL O		22c. PHYSICIAN'S NAME (Type)	RELL	220	d. AODRESS Ravda	llstour,	md.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag Should be file	230	BURIAL (REMATION, 23b. DATE THEREOF 6/9/67	23c. NAME OF CEMETERY OR CO	REMATO	Randa	llstown Ba	ounty) (Stote) lto Co. Md.
VR A15 (4) 20 M 1/66	14.	ring Byers 8728	Lella Town	no	250. REC'D BY REGISTRAR DATELLIN 9 19	25b. REGISTRAR'S SIGN	

Latina

THE REPORT OF THE

BALLS Co. Md.

Seltes. Co. Can. howaitel

Noner Delice

Noner Delice

Noner Delice

Some Services

Some Serv

and the same

The second second second

MARYLAND STATE DEPARTMENT OF HEALTH

ADDRESS

Funeral Home 1407 Eastern Ave.

	07735	CERTIFICATI	OF DEATH	Where deceased lived, if institution	07717
	COUNTY Baltimore	MARYLAND	o. STATE Mary.	h COUNT	
b.	CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Catonsville	c. LENGTH OF STAY IN 16		tside carparate limits, write RURA x (21)	L and give nearest tawn)
	NAME OF HOSPITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Forest Haven Nursing	Home	328 Geo:	rge Ave.	YES NO X
DI	AME OF First CEASED type or print) ROBERT L.	Middle DENNTS	Lost	4. DATE Month OF DEATH June 13	Doy Year 19 67
S. SE	X 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. L during	ISUAL OCCUPATION (Give kind of work dane mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (County	& State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. F	ATHER'S NAME	I de marie	14. MOTHER'S MAIDEN I		OUA
	Greene Dennis			Smith	
() () ()	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave ise to immediate cause (a), toting the underlying cause ost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	Hine for (a), (b), and (c).) ARTS KIDS COLSKE MISSESSE MUSICALINATION BRANCE	SMA-	- MAC VIGARIA	19. WAS AUTOPSY PERFORMED?
CERT	20g. ACCIDENT WAS UNDERLYING DR CONTRIBUTING C CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMNER)	2Db. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)	YES NO
MEDICAL	20c. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19		CE OF INJURY (Hame, farm tory, street, affice bldg., etc.)		(County) (State)
	21. I certify that (I) (this hospital saw the deceased alive an) attended the deceased fram_ 19 CL, and the	it death accurred at	96C, ta 6/3 4/0M, fram causes a	, 19, that (I) (we) last nd an the date stated abave
	22a. SIGNATURE CLASS	Hlan M		MED STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S	31 5	22d. ADDRESS	ondson Ave.	
/ 1	NAME (Type) / John Shaw,	M.D.	JOOG Eali	01100011 11101	

VR A15 (4) 20 M 1/66

Mississippi

Mississipp 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR DATE UN 15 1967

Shalver . - (E) xessi . WA parage Av emon anceson never is the EL espile " 18"1 6 feet" zx tallo office of Villiam Lennis | Cone att couldants 0080 the ward and Agusta . Leural | Lorenza Ferrara Domes . La Language . La Language . La Language .

ivision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212

hours after deoth.

the funeral

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the f director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages/should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after the should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after the state of the

VR A15 (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or ottending physician.

07736	CERTIFICATE	OF DEATH	07718
1. PLACE OF DEATH o. COUNTY P. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE MARY RAIN	d, if institution: Residence before admission) b. COUNTY MONTGOMERY
Baltimore County b. CITY OR TOWN (If outside corporote limits, write RURAL and give neorest town) Mount Wilson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limit:	s, write RURAL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, or Mount Wilson State Ho		d. STREET ADDRESS 3953 WENDY LA	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First	Middle RONKLIN	DICK OF DEATH	Month Doy Year 6 24 1967
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED E		In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
during most of working life even if retired) IN	ND OF BUSINESS OR IDUSTRY COVERNMENT	11. BIRTHPLACE (County & State, or foreign con Pennsylvania	untry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME APOLLS DICK		14. MOTHER'S MAIDEN NAME S'ARAH SENCEF	
(Ves as unless un) (III use sine une en detes of service)	social security No. 7/d. Re	cords, Mount Wil:	53 Wendy Lane son State Hospital
Conditions, if ony, which gove isse to immediate couse (a), stating the underlying couse DUE TO	TERIO PELE	480M80515	Liver Spring, INTENDAL BETWEEN ONSET AND DEATH 36 HOURS YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I or Port II of it	1 40
	Not While focto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	or town) (County) (Stote)
21. I certify that (I) (this hospital) attended to saw the deceased alive on 24 220. SIGNATURE 22c. PHYSICIAN'S		ATTENDING MED. PHYS. DIRECTOR DI 22d. ADDRESS	STAFF 22b. DATE SIGNED 2 Frame 67
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR O	REMATORY 23d. LOCATION Union Cemetery Bur	tonsville, Maryland
24. FUNERAL DIRECTOR Colembates	434 Georgia Av	2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

1 g s s s Asserted to be a second of the The shoot street with the SCLUBB SARE ILLES Market Transfer Market Market Land Control . The state of the said state of Month of the State of the State

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove comban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07737	7	CERTIFICATE	OF DEATH	077	19
PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (O. Maryland	Where deceased lived, if institution: Reside b. COUNTY	nce before admission)
	If outside carparate limits, I give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and giv	ve nearest town)
Towson		n hospital, give street address)	White Ma	rsh , Maryland	e. IS RESIDENCE
	phs Hospital			r & Vincent Rds.	ON A FARM?
3. NAME OF DECEASED (Type or print)	First Joseph	Middle P. Di	epold. Jr.	4. DATE Month OF DEATH 6 -	Day Year 28- 19 67
S. SEX			8. DATE OF BIRTH	Q AGE (In years IF LINDER	1 YEAR IF UNDER 24 HRS.
Male	White	WIDOWED DIVORCED	0 7 75	Jast birthday) Manths	Days Hours Min.
during most of working Self em		10b. KIND OF BUSINESS OR INDUSTRY Tavern	Baltimo	re, Maryland	TIZEN OF WHAT OUNTRY? U.S.A.
13. FATHER'S NAME	Joseph P. Di		14. MOTHER'S MAIDEN	name argaret Ensor	
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of s	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address Dowling 125 Linhig	21236
Canditions, if any, rise to immediat stoting the unde last.	which gave e cause (a), rlying couse (c)	with left kidney	involment tomy ectomy		19. WAS AUTOPSY PERFORMED?
DOI OF CONTRIBUTING OF INJIECT OF	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	YES NO
20c. TIME OF INJU Hour o.r p.r	JRY Month, Day, Year n.		.CE OF INJURY (Home, for tory, street, office bldg., etc.		ounty) (State)
21. I certii saw the do 22a. SIGNATURE	fy that (1) (this hospiteceased alive an J	al) attended the deceased from une 28 19 67, and tha	D. PHYS. 22d. ADDRESS	MED. DIRECTOR X STAFF PHYS. 22b. C	une 28, 1967
NAME (Type		m Reyes, M.D.		k Road Baltimore 2	
230. BURIAL, CREMATIC REMOVAL (Specify BURIAL		7 Gardens of F	aith Cemete:	9	(County) (State)
24. FUNERAL DIRECTO	R	ADDRESS D.	3 () 2So. REC	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE

ATES IT TO STILL THE man British . Her . Bar The bridge of the control of the con And the second and the second that have been realized and the state of the AMERICAN ASSESSMENTANCES OF THE SECTION OF

Continuous field the contract of the contract

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exact, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS	
07738 CERTIFICAT	E OF DEATH 07720
1. PLACE DF DEATH B. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE a. Y And b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Maryland	Baltimore 13.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Taradise Convalescent	1836 Bagley Ave. YES NO NO
3. NAME DF First Middle	Last 4. DATE Month Day Year
(Type or print) Elizabeth Du	NN DEATH 6/14 19 67
5. SEX 6. COLOR OR RAVE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS Iast birthday) Months Days Hours Min.
WIDOWED DIVORCED	12/29/18857 8/ yrs.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPPACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	1) Da [To, 17] O. 1 U. J. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	1 A 11 1 D. 2021 Beal
1 10 CAUSE DE DEATH (Finter only one course pay line (or (a) (b) and (a)]	Irs. Catherine Pasco - 1836 Dagley
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), apd (c).] PART I. DEATH WAS CAUSED BY:	(O) (ONSET AND DEATH
IMMEDIATE CAUSE (a)	(2/01/2) destate 2121/25 5/13-
Conditions, If any, which	e fibrille fin
gave rise to immediate	in Jyndrome
cause (a), stating the underlying cause last.	off Grentsers
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Artario Sc	(mosis Performed? Yes □ NO
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
facts	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. p.m. 19 while at work at work	2/10/65 1/11/10
21. I certify that (I) (this hospital) attended the deceased from.	19 , to (I) (we) las
	t death occurred a 2, pM, from the causes and on the date stated above
22a. SIGNATURE SE My Groot N. D.M.I	
22c. PHYSICIAN'S NAME (Type) WEMCGretk M.	0 1303 Frederick Re Cotan Nilliasy
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 6/17/67 HOW Me	deemer Cem /3 a /70. //a.
24. FUNERAL DIRECTOR ADDRESS	1 01 HIN 1 0 1007 W/Janto U.
JOHN C, Miller Inc 6415 Del	air Moloston 19 1961 Cuartes Juage

VR A15 (4) 15M 4-64

Baltimers Maryland Maryland Dallimer taration Convoluent 7834 Regley Ave It Elizabeth Dunn to by 18 2881 882 Housewife Belto Md . 4 LA Martin Blen Catherine Denges Mrs. Catherine Pass-7836 Reglay Brief b/17/67 Holy Reduced for the 18th La John C. Miller Inc total Admir Man 18 18 18 18

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIS	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAND
07739	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, E CERTIFICATE OF DEATH	07721

	A LUI LUI LUI DE
1. PLACE DF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
BALTIMORE MARYLAND	a. STATE MINICYLIAND b. COUNTY BYLTI MORE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
DONDALK	DUNDALIC d. STREET ADDRESS 1 e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
7107 MARTELL AVE	7107 MARTELL ALE YES NO
3. NAME OF FIRST Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) FREDERICK	EDER DEATH JUNE 12 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
MALE WITTE WIDOWED DIVORCED S	CPT 14 1896 TO yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	POLAND COUNTRY?
13. FATHER'S NAME	
13. FAITIER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM EDER	EVITABETH LAPPIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IF (Yes, no, or unknown) (If yes give war or dates of service)	NFDRMANT Address 7/07
	DIRS. AMELIA EDER- MARTELL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: PAPINAMAR	ME NECLI DASE AND BEATH
IMMEDIATE CAUSE (a)	VF 1144 2110
DUE TO	
Conditions, if any, which (b)	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last. (c)	
	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
TAT THE TATE OF TH	PERFORMED?
CO. ACCUPENT WAS UNDERLYING TO A COLUMN DECORDER HOW INHIBOV COCUME	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE factory, while at work at work	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	, street, office bldg., etc.)
	11151/-
21. I certify that (I) (this hospital) attended the deceased from 9	59 to 6/12/07, 19 that (1) (we) last
	death occurred a M. from the causes and on the date stated above.
22a./ SIGNATURE	22b. DATE SIGNED
1/ C/ Star Carry VIA Mb.	ATTENDING DIRECTOR STAFF PHYS. DIRECTOR PHYS.
226. PHYSICIAN'S	22d. ADDRESS
NAME (Type) W. E. BAERMAN M.D	3401 DUNDAUX AVE
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	2
24. FUNERAL DIRECTOR ADDRESS	CEMBITER Y COLGITE 125a, REGISTRAR'S SIGNATURE
	William Control
ULLRICH FUNERAL HOME - DUNDAL	10 MD DATEUN 19 1967 Clearles Judge

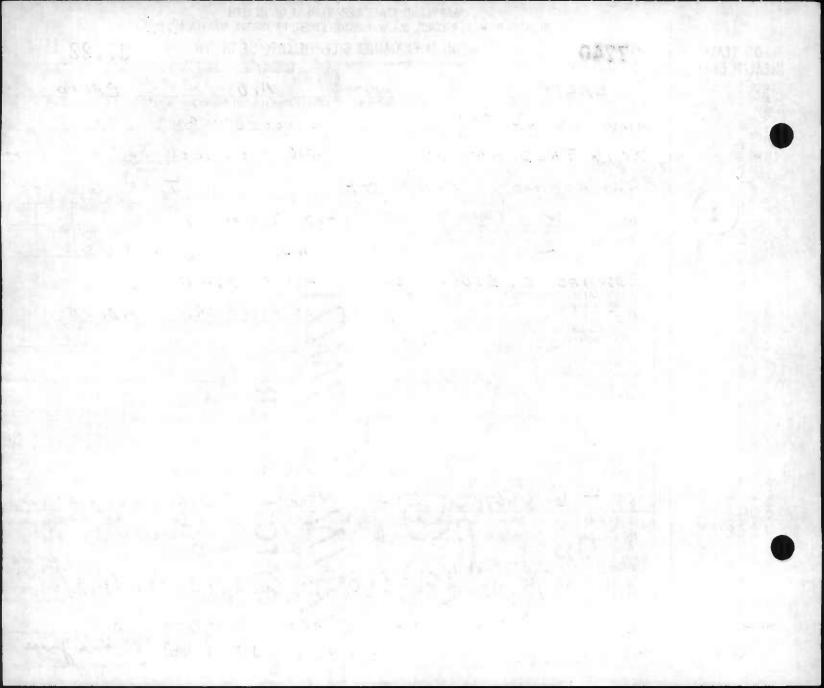
VR A15 (4) 15M 4-64

THE THE PERSON STATES TOTAL THE STATE OF Marie Comment Comment of the Comment STORY LAWRENCE TO THE TOTAL STREET, AND AND ADDRESS OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

CONTRACTOR OF THE PARTY OF THE			DIVISION	OF VITAL RE	CORDS, 301 W.	PRESTON	STREET, BALTIM	ORE, MAR	YLAND 2120			
FOR STATE		07740		MEDI	CAL EXAMIN	ER'S C	ERTIFICATE (OF DEAT	H	07	722	Bir.
EALTH DEET.		E OF DEATH					2. USUAL RESIDENCE	(Where deceas			ice befare	admissian)
1 o g 2 c	a. ((BAL 9	0		MARY	LAND	a. STATE	D	b. CC	UNTY	ALT	
	b. CI	TY OR TOWN (If autside		. 1	C. LENGTH OF STAY IN		c. CITY OR TOWN (If o	utside carpara	te limits, write F			
A3.	W	rite RURAL and give ne	arest tawn)	20)			· ·			ourse one gre	- /	,
PA PA	M	AME OF HOSPITAL OR IN	JA GH	70	4 11 1		d. STREET ADDRESS	BOUL	764	0	3./	IS RESIDENCE
De a .						H						ON A FARM?
oth. If any delay oges 1, 2, and 3 th form PM3. Po State Department	2	2016 T	RED	AVON	RD		2016 TI	PED 1	AVON	RP	YE	S NO
after deoth. If 6 8. Give Poges 1, along with form		NE OF	Fir	rst	Middle		Last	4. DATE OF	Mo	inth	Day	Year
o o o	(Түр	e or print) EDI	NARD	5. E		TR.		DEATH	JU.		12	1967
Giv Giv	S. SEX	6. COLC	OR OR RACE	7. MARRIED [NEVER MARRIED	E - 8.	DATE OF BIRTH	9	AGE (In years	IF UNDER		IF UNDER 24 HR
Item 18. Office all	-19	m 1	V	WIDOWED [DIVORCED		905 13.1	1962	last birthday)	Manths	Days	Haurs Min
office a 10d 2		JAL OCCUPATION (Give kin		10b. KIN	D OF BUSINESS OR		11. BIRTHPLACE State			12. CI	TIZEN OF V	WHAT
The Top	during n	nast af warking life, even	if retired)	IND	USTRY		1.0				UNTRY?	,
l in ges off	13 FA1	HER'S NAME				T	14. MOTHER'S MAIDEN	NAME		1 6	>//	
within 24 n pencil in Examiner's File poges 2 hours offe			-	15105	0 10							
Exa Exa		S DECEASED EVER IN U.S.			R SR. DCIAL SECURITY NO.	17 IN	ALICE	MIN	6	ress		
executed within 24 nding" in pencil in Medicol Examiner's permit. File poges within 72 hours off	(Yes, no	i, ar unknawn) (If yes ai	ve war ar dates a	f service)	OCIAL SECURITI NO.			2120 5			-	
executed nding" ii Medicol permit.		NO				1208	VARD ELL	DER S	16,	ABO		
	18.	PART I. DEATH WAS	ter anly ane cau			,						VAL BETWEEN T AND DEATH
should be e ne word "per o the Chief I buriol-transit	10	IM	MEDIATE CAUSE	(a)	DROW	NIN	Co				ONSE	TABO DENTIL
hould word the Ch uriol-tra any ev		92,40	DUE	TO								
an th		nditians, if anγ, which g e ta immediate cause		(b)								
te the the the the the the the the the t		ting the underlying co		TO								
ficate sing the rded to cos a b cond in	las			(c)								
	PA	RT II. OTHER SIGNIFICAN	T CONDITIONS CO			ATED TO TH	E TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. V	VAS AUTOPSY
: This certi tificote, writ Id be forwo uld be used or removol,	CERTIFICATION CASE			Non	2							ERFORMED?
ER: This certificate, ould be fores. es. hould be to	200	. EXTERNAL CAUSE WAS		20b. D&S	RIBE HOW INJURY OF	CURRED. (E	nter nature of injury in	Part 1 or Per	U of item 18.)			
rerifi certifi ould es. should n, or	E PR	IMARY 🖺 ar CONTRIBUTII USE OF DEATH.	NG 🗆				vitte a		me			
INER: T e certific should b files. 3 should tion, or r	¥ 20%	7100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th Day Year	1	UDV OSCUDDED		OF INJURY (Hame, far		(City ar tawn)	(Co	unty)/	(State)
	MEDICAL 200	B -11	-/V 19 (/ > While	Not While	factor	Street, office bldg., etc	mi	1dLe bo			
Page 4 Page 7 Cremo	-			/ GI WOIK					TO CO	110047	7 000	
ol,		21. I certify that										n my opini
se exector. Pred for ped for buriol, buriol,		deoth resulted from	n: Noturo	ol couses	, Accident 1	Suicid	e 🔲, Homicido		ndetermined	monner _		
ALE Beas ired ired to IRE	AC	TUAL /	120	- D -			CHIEF MEDICA				26	DATE SIGNE
ury, plury, plus per per prior		SNATURE /	UN	avy			M.D. ASSISTANT ME		_		C	113/1-
o DEFUTY MEDICAL E necessary, please exect the funerol director. Pa 5 may be retoined for 5 FUNERAL DIRECTOR: Health prior to buriol, o		AMINER'S IME (Type)	· B.	DUIS	M)-1	0800		AL EXAMINER	prykounty) W	who	っか	Vinh
necessa the fun 5 may 70 FUNEI Health		JRIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR CE	EMATORY	23d. LO	CATION (City ar	Tawn)	(Caunty)	(State)
525-0	RE	MOYAL (Specify) BURIAL	6/1	5/67	SACRED	1+1	FART	B	ALTO,	111	D	
A ALEXE OF	24. FU	NERAL DIRECTOR			ADDRESS		2Sa. REC	D BY REGISTS	AR 1967	REGISTRAR'S	IGNATURE	1
VR A15ME (\$), 6M 1/67	J	G. CONA	VFILY	SON	15 3	00	MACE DATE	UN 1 6	196/	yua	res	mage
11/	-	~ ~ / / / / /	~ /- '	/ -	· /					and .		

J.G. CONNELLY SOMS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	-04		_	-
	7	7	n	2
2 9	3	4	1.	28

FOR STATE			MIEDICAL EXAMINER 3	CERTIFICATE U	IT DEATH	07723
EALTH DEVI		PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	CTATE	Where deceosed lived, if instituted and b. COUI	fion: Residence before admission) NTY BALTIMORE
2, and 3 to PM3. Page		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown	c. LENGTH OF STAY IN 16	1	utside corparate limits, write RUI terstown	031
		d. NAME OF HOSPITAL OR INSTITUTION (If not in ho		d. STREET ADDRESS Rt. #3	Mt. Gilead Ros	e. IS RESIDENCE ON A FARM? YES NO
8. Give Pages along with the state		NAME OF First DECEASED (Type or print) ONE IDA	Middle	LSEROADS	4 DATE Mont	
	S.		The same of the sa	B. DATE OF BIRTH Dec. 5, 1909	9. AGE (In years lost birthdoy) 57 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	100 dur	USUAL OCCUPATION (Give kind of work done incomest of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Carroll	V //	12. CITIZEN OF WHAT COUNTRY?
Examiner Examiner File page 2 haurs a	13.	FATHER'S NAME Samuell Elseroad	Lane	14. MOTHER'S MAIDEN Ida	NAME Raver	
ng" in dical Ex rmit. Fi	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s. no. or unknown) ((If yes give wor or dotes of service	e) 2/2-40-6882 Mi	nformant ss Jennie E		Cilead Rd. terstown, Md.
This certificate shauld be executed within 24 haurs of cate, writing the ward "pending" in pencil in Item 18 be farwarded to the Chief Medical Examiner's Office a lobe used as a burial-transit permit. File pages I and 2 wremayal, and in any event within 72 haurs after death		IB. CAUSE OF DEATH (Enter only one cause per PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse last. (c)	Shotgun wound of			INTERVAL BETWEEN ONSET AND DEATH
be farwar be be be used remaval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES A NO
# _ P _	CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED. Shot by unknown		Port I or Port II of item 18.)	
ute the cei age 4 shau yaur files Page 3 sho crematian,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour XXX. 9:50 p.m. 6-17 167	20d. INJURY OCCURRED While Not While of work at work	CE OF INJURY (Home, form ory, street, office bldg., etc. home	n, 20f. (City or town) Reisters	(County) (Stote) town Balt. Md.
EPUTY MEDICAL issary, please exections of director. Per ay be retained far iNERAL DIRECTOR: ith priar ta burial,		21. I certify that I taak charge of the death resulted fram: Natural cause ACTUAL SIGNATURE	he remains described above, he	ide	Inspection, Inqu	22. DATE SIGNED June 18, 1967
nece the S m S m S Heal		BURIAL, CREMATION, 23b. DATE THEREOF June 21,	1967 Mt. Gilead Ce		23d. LOCATION (City or To Reisterstow:	n, Balto. Co (State)

VR A15ME (5)

Tipton - Eline Funeral Home Hampstead, Md.

2So. REC'D BY REGISTRAR

(The state of the 506L = 7208 Train manage beorge II stones the beatter . J. The transfer of the contract of the Laboratory and the Contract of the Contrac Fig. 1. Str. 16 House, GUELDITE The contract of the contract o

Bartist C June 21, 1967 HS. Clims Lestery.

. of Bulleying Tarters Tarter and - and the

State Parks of

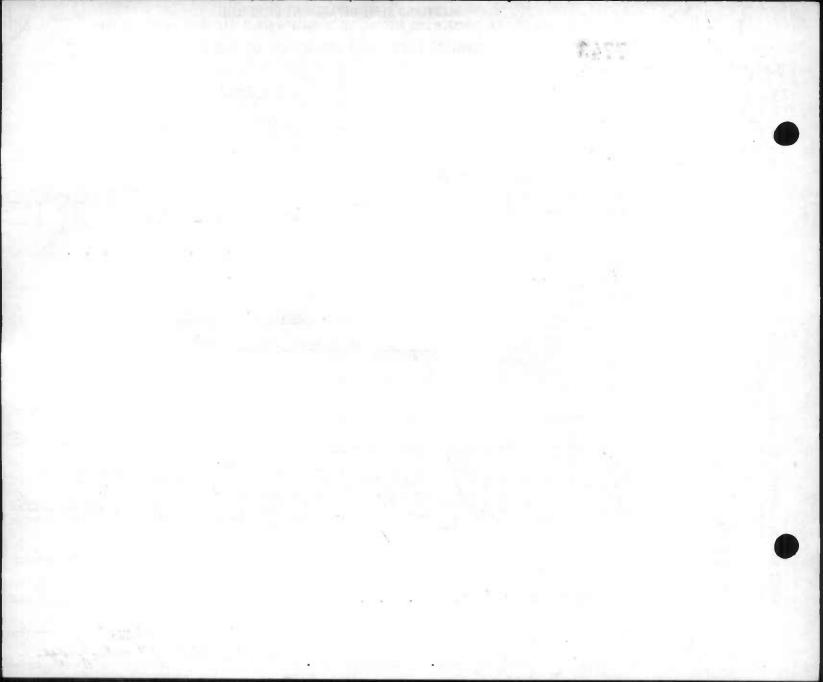
Jeistermoun, Holle, Die . .

The Physical Physics and the Physics and the Physical Physics and the Physics and

The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1943-June 2 last birthday) Manth: 1. BIRTHPLACE (Stote or fareign country) 12.	give neorest town) 30 4 e. IS RESIDENCE ON A FARMS YES NO. Day Year 19 67 DER I YEAR IF UNDER 24 F
CITY OR TOWN (If outside carporote limits, write RURAL and Baltimore STREET ADDRESS 220 S Haven Street Last 4. DATE OF DEATH June 16 ATE OF BIRTH 9. AGE (In years last birthday) I. BIRTHPLACE (Stote or fareign country) Baltimore, Md. MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT Address	e. IS RESIDENCI ON A FARM' YES NO: Day Year 19 67 DER I YEAR IF UNDER 24 F S Days Hours M CITIZEN OF WHAT COUNTRY?
Baltimore STREET ADDRESS 220 S Haven Street Lost 4. DATE OF BIRTH 1943-June 2 June 16 ATE OF BIRTH 1943-June 2 June 16 Baltimore, Md. II MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT Address	e. IS RESIDENCI ON A FARM' YES NO: Day Year 19 67 DER I YEAR IF UNDER 24 F S Days Hours M CITIZEN OF WHAT COUNTRY?
STREET ADDRESS 220 S Haven Street Lost 4. DATE OF DEATH June 16 ATE OF BIRTH 9. AGE (In years) lost birthday) 1943 — June 27 — June 17 — June 18 — June 18 — June 19 — June 1	Day Year 19 67 DER I YEAR IF UNDER 24 H S Days Hours M CITIZEN OF WHAT COUNTRY?
Lost 4. DATE OF DEATH DEATH June 16 19. AGE (In years last birthday) 1943-June 27223. Top Month: Baltimore, Md. MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT Address	PER I YEAR IF UNDER 24 FS Days Haurs M
OF DEATH June 16 ATE OF BIRTH 9. AGE (In years last birthday) 1943-June 27223 199 I. BIRTHPLACE (Stote or fareign country) Baltimore, Md. II MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT Address	19 67 DER I YEAR IF UNDER 24 F S Days Hours M CITIZEN OF WHAT COUNTRY?
1943-June 2 last birthday) Baltimore, Md. I Mother's Malden Name Carmela D. DiFonzo RMANT Address	S Days Hours M CITIZEN OF WHAT COUNTRY?
Baltimore, Md. MOTHERS MAIDEN NAME Carmela D. DiFonzo RMANT Address	COUNTRY?
Baltimore, Md. I MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT Address	J. S. A.
MOTHER'S MAIDEN NAME Carmela D. DiFonzo RMANT - Address	
- Esposito Same	
12/2/2001	ONSET AND DEAT
~ \ / / / / / / / · · · · · · · · · · · ·	Juague
ERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
matuse of injury, in Part 1 or Part II/of item 18.),	1.00
dand disappeared on	QUANTY
INJURY (Hame, farm, 201, 46ity ar town)	Control State (State
treet, office bldg., etc.)	Vontel
	and in my api
CHIEF MEDICAL EXAMINER	
ASSISTANT MEDICAL EXAMINER	22. DATE SIG
DEPUTY MEDICAL EXAMINER	0/11/1-
Address (Street, city, tawn, ar county)	116/6/
ATORY 23d. LOCATION (City or Town)	(County) (State
	Id.
11111 4 0 1000 001	
D. ATT	MINAL DISEASE CONDITION GIVEN IN PART 1(a) Totupe of injury, in Part 1 ar Port II of item 18.) NURY (Hame, farm, 207, foity ar town) Autaps , Inspectian , Inquiry , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER



07744	
-------	--

CERTIFICATE OF DEATH

		100	-	-	-
2	h	7	7	23	6
6	¥	2	â	60	13

	0007			CERTIFICAT	L OI DEATH			0 8 66	0
1.	PLACE OF DEATH				2. USUAL RESIDENCE	Where deceosed live	d, if institution:	Residence befo	ore odmission)
	o. COUNTY				o. STATE		b. COUNTY	0-11	
-	Baltimore		St. Farm	MARYLAND	Maryland			BHIT	0
	b. CITY DR IDWN (I write RURAL and	f outside corporate limit give nearest town)	's, C.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limi	s, write RURAL	ond give neore	est town)
	Towson	give incured to trilly			Glen Arm,	21057			031
	d. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospitol, give	street oddress)	d. STREET ADDRESS				e. IS RESIDENCE
	St. Josen	oh Hospital			Box 663-9			- 11	ON A FARM? YES NO
-	NAME OF	-	irst	Middle	Lost	4. DATE	Month	Do	
	DECEASED			middle	EVANS	OF	June	Do	
	(Type or print)		sa			DEATH			8, 19 67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE		UNDER 1 YEAR onths Doys	Hours Min.
	Female	White	WIDOWED 🔀	DIVORCED [11-12-1876	9	O yrs.	50,5	/ Min.
		(Give kind of work done		OF BUSINESS OR	11. BIRTHPLACE (County	& Stote, or foreign co	untry)	12. CITIZEN O	F WHAT
dur	ing most of working l Homemake		INDUS	Housewife	Maryland		\$10K-14	COUNTRY	S.A.
13	FATHER'S NAME			TOGSOUTTE	14. MOTHER'S MAIDEN				
							hadle Ol		
10	WAS DESTACED DUT		B. Markle		INFORMANT	FILZS	beth Ob	TDZ	
(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	No		218	32-1511 M	s Bessie Fl	owers Box	663-9	Glen A	rm Md.
	18. CAUSE OF DE	ATH (Enter only one co	use per line for (o),	(b), ond (c).)					TERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) Acute	pancreatiti	s			OI	NSET AND DEATH
	5/7	DUE	, ,						
	Conditions, if ony,		(b)						
	rise to immediate		. ,		-				
	stoting the under	lying couse							
		,	(c)		7115 YER AND A SECRET OF			Tio	WAS AUTORSY
20	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO C	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN P	ARI I(o)	19	. WAS AUTOPSY PERFORMED?
CATI	Arter	iosclerotic	cardiov	ascular dise	ease.				YES 💢 NO 🗌
CERTIFICATION	20a. ACCIDENT WAS	UNDERLYING	20b. DESCR	IBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of	tem 1B.)		
E	DR CDNTRIBUTING (IF EITHER, NOTIFY								
MEDICAL	20c. TIME DE INJU	JRY Month, Doy, Yeor	20d. INJUS		ACE OF INJURY (Home, far		or town)	(County)	(Stote)
MED	Hour o.n	10	While of work		ctory, street, office bldg., etc	.)			
	21 L co-tid	154		the deceased fram_	June 18	10 67 to 1	12 ans	10 67+	hat M (wa) la
	ZI. I ceriii	y mai (a) (inis nas	Inno 18	19 <u>.67</u> , and th	at death accurred a	6.7 5PM from	o conses and	d an the da	to stated above
	22o. SIGNATURE		1		ar acam accorred a	m, ilui	i cuoses une	22b. DATE SIG	
	ZZO. SIGNATURE	111/2016	Ruch		ATTENDING	MED.	STAFF PHYS.		9, 1967
	20. DIVERSION	MOCE		N	I.D. PHYS. L	DIRECTOR L	PHYS.	- ulio T	7, 1701
	22c. PHYSICIAN'S NAME (Type)	M.S. Cock	kburn, M.	D.		Rd., Tov	son, Mo	1. 2120)4
230	. BURIAL, CREMATIC		IEREOF	23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION	(City or Town)	(Count	y) (Stote)
	REMOVAL (Specify Burial	6-21-	1967	Farkwood Cer	neterv	Balt	more,		Md.
24	. FUNERAL DIRECTO		-/01		250. REC	D BY REGISTRAR	2Sb. REGIST	RAR'S SIGNATU	JRE
4	0	Juneral	11. 17	L1.	DATEUR	2 1 1967	gale	enles y	noge
col	assam	sunual	Hame	701 BURDING	LOW DATE	501		-1	0

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death.

The state of the s It will still be the state of t The fight stops and the stop of the stop o Section of the sectio ALL AND SOOK LESS TO SEE

death.

uneral and 2 death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07745

00020	
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Dundalk c. LENGTH OF STAY IN 1b 2 Years	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2023 Ormand Road	d. STREET ADDRESS 2023 Ormand Road e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Joseph	Fackett 4. DATE Month Day Year Fackett June 15 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Male White WIDOWED 7 DIVORCED	3. DATE OF BIRTH 9/25/79 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Wright Retired Bethlehem Steel Co	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Not Known	14. MOTHER'S MAIDEN NAME Not Known
(Les los or nursuit) [(11 les litte aut of nures of set tires)] Value Value	INFORMANT (Son) seph Fackett, 2 Oak Road, Edgemere, Md.
Cenditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.	sobliterens with eyear
CALL OR CONTRIBUTING CAUSE OF DEATH	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased elive on 6 1960, and that	death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE CM.D.	
22c. PHYSICIAN'S NAME (Type) B. W. Sollod M. D.	22d. ADDRESS 2900 Dunran Rd. Dundalk, Md. 21222
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify) 6/17/67 Sacred Heart of	
John J. Duda 7922 Wise Ave. Dundalk, Md.	JUN 19 1967 ACTION SIGNATURE

VR A15 (4) 20M 1/65

The state of the switches without the state of the

Election of the second transfer of the second of the secon

C. D. Spill Lungua has fundally on Siers of

business percentage and the transfer of the tr

bollog F E

FOR STATE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If Health priar to burial, cremation, or remayal, and in any event within 72 haurs after death.

o vervit medical examiner: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5, may be retained for your files. 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND **DIVISION OF VITAL RECORDS, 301**

MEDIC	ΔΙ ΕΧΔΝ	AINFR'S	CERTIFICATE	OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
a. COUNTY BALTO MARYLAND	O. STATE M.D. BALTO
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest tawn)	ESSEX 13.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
531 DORSELY AVE	531 DORSEY YES NO E
3. NAME OF DECEASED First Middle	Lost - 4. DATE Month Doy Year
(Type or print) Jerge 14, NA	LFRESER DEATH JUNE 25 1967
S. SEX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	NOV: 14. 1889 86 yis.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
MACHINIST	PA. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN FEESER	MARY TATNAL
(Yes no or unknown) (If use give were or dates of conice)	NFORMANT Address
UNK 213-07-4054	LYDIA FEESER ABOUE
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), end (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
HHINEDIATE CAOSE (0)	many occlusion ONSET AND DEATH
4301 DUE TO	
Conditions, if ony, which gove isse to immediate couse (a).	V
stoting the underlying couse	
lost. (c)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDU TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	YES NO
PRIMARY Or CONTRIBUTING Q	(Enter noture of injury in Port 1 or Port II of item 1B.)
	CE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour a.m. 19 While Not While of work of work	ary, street, office bldg., etc.)
21. I certify that I taok charge of the remains described obove, he	ld on Autopsy, Inspection Inquiry and in my opinion
death resulted fram: Natural causes X, Accident , Suice	ide 🔲, Hamicide 🔲, Undefermaed manner 🗋
ACTUAL TO C P. H.	CHIEF MEDICAL EXAMINER
SIGNATURE J COOK SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
1 LEVAMINEU 3	DEPUTY MEDICAL EXAMINER (1) (6/25/67) ALMAddress (Street, city, town, or county)
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
BURIAL JUINE 201967 GARDENS	OF FAITH BALTO, MD
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CONTROL OF THE PROPERTY OF
CONNELLY SONS 300 M	ACE DATE JUN 29 1967 July

PS-1 . . 0.477.50 for the source source source of the 40 968 4 406 /vt 11 2. 12 DISTRICT FREEZE AND AND THE TOTAL THE TOTAL PROPERTY. THE THEORY IN LIGHT PRESER - HERVER and the second of the second X X SE119 The All I William Transfer with the I are

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07747

CERTIFICATE OF DEATH

07729

		PLACE OF DEATH o. COUNTY	timore	100 H	MARYL	AND	2. USUAL RESIDENCE (Where deceased liv	ed, if institution: b. COUNTY	Residence b	efore odmis	sion)
	k	b. CITY OR TOWN (If outsi			c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If au	itside corporate lin	nits, write RURAL	ond give ne	prest town)	
		write Catons v.	redicet town)		13 days		Baltimore	9			1. N	
	- (d. NAME DF HDSPITAL OR	INSTITUTION (If nat	t in hospitol, g			d. STREET ADDRESS			-	e IS RES	SIDENCE
0		SPRING GROV	VE STATI	E HOSE	PITAL		2006 Will	nelm Str	eet		YES [FARM?
		NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Manth		Day Y	Year
	((Type ar print)		illian	Mae		inch	DEATH	June		27 19	- 1
	S. S	SEX 6. CC	DLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	las		onths Da		DER 24 HRS.
	-		hite	WIDOWED	DIVORCED		ept. 25, 18	398 6	Birthday) M yrs. M	Onnis Du	73 110013	Min.
	10a. duri	. USUAL OCCUPATION (Give ing mast af warking life, eve housewife	kind of work dane en if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Marylan		ountry)	COUNTI U. S	OF WHAT	
	13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
		wil	Linn	, Th	OMAS.		Ant	AINO				
		WAS DECEASED EVER IN U.			SOCIAL SECURITY NO.	17. H	NFORMANT		Address	<i>-</i>		
	(Te:	s, na, ar unknawn) (If yes	None a	service)	NONE	Rec	ords: SPR	ING GRO	VE STAT	E HO	SPITA	L
		IB. CAUSE OF DEATH (se per line for	(a), (b), and (c).)	0-			- • •	,	INTERVAL B	
		PART I. DEATH WAS	IMMEDIATE CAUSE ((a) Myoc	ardial II	nrai	ection, ac	cute, a	eath	4	ONSTAND	S
		4-201	DUE 1									
		Conditians, if ony, which rise ta immediate caus	e(a) /	7	rioscier	otic	cardiova	scular	Ht. D:	is. 2	ye a	rs
		stating the underlying	cause DUE		mi agalla m	0010	mana ma l					Ja ta m
		last.					, general				19. WAS AL	
4	NO.	1) recent (HE TERMINAL DISEASE CO				DEDEND	RMED?
Z	CAT				•		hemorrha	0 .		s ure	erg	NO V
	L CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	ISE OF DEATH	20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I ar Part II a	fitem 18.)			
	MEDICAL	20c. TIME OF INJURY M. Hour o.m. p.m.	anth, Doy, Year 19	20d. IN While at wark	Nat While		E OF INJURY (Hame, farm ory, street, affice bldg., etc.		y ar tawn)	(Caunty)		(Stote)
			at (K (this has		ded the deceased for	ram	June II	9 67 to J	une 27	19 67	that 30	(we) last
		saw the decease		June	.27 1967 , ar	nd that	deoth occurred at		m couses and			
		22a. SIGNATURE	The state of the s	-//	humally	M.S.	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	IGNED 7-67	
		22c. PHYSICIAN'S		1/10		111.0	22d. ADDRESS SP		OVE STA	TE HO	OSPITA	AL
1		NAME (Type)	Antho	ay s	foung, M.D.		Ba	ltimore.	Maryla	nd 21:	228	1
/	23a	. BURIAL, CREMATION,	23b. DATE THE	REOF	23c. NAME DF CEMET	ERY DR (N (City or Town)		unty)	(State)
1	I	REMOVAL (Specify)	6-39	567	WEST	-	N	BAL	TIMORE		46.	
1	ZIA.	EUNERAL DIRECTOR LA	was HUA		Period ave			JN 30 19		Charle		lan

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. 10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages shauld be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event within. Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

S. Anne De la Company de la Co type d craes , whose , molyperial falls saucyd; 1982 which is a contract of the con

not be a linear bear brooms, along the state of the

were for any to may be the well to be an element of the first of the first and the well (I

TO THE CANADA

REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

(Charles)

24. FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66

		AASSE DE MANAGEMENT DE MANAGEM
		eligials or which
		Market of Market
The second of the second		
		residit bloom
	1	
		The state of the s
or on the second of the second days re-		
		2/2
	ale Lylle	di West In the of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0774	9		CERTIFIC	CATE	OF DEAT	Ή			07	73	1	
Ī	PLACE OF DEATH				2		NCE (Wh	ere dece	osed lived, if institu		ice before	odmissio	on)
	o. COUNTY	ltimore		MARYLA	ND	o. STATE	aryla	hand	b. cot	INTY R.	lto.		
-		If outside corporate limits		c. LENGTH OF STAY IN					rote limits, write RI				
	write RURAL one	give neorest town)							, , , , , , , , , , , , , , , , , , , ,	J.			
-	Catonsv	AL OR INSTITUTION (If no	to be a fact of			STREET ADDRES		e				. IS RESID	DENCE
			, , ,		0						,	ON A F	ARM?
	Spring	Grove State	Hospit	tal		2600 Ca	ante:	rbur	Road			YES	NO 🔀
3	NAME OF DECEASED	Fire	it	Middle		Lost		4. DATE OF	Mor	ith	Doy	Ye	
,	(Type or print)	Arti	S	J.	Fi	ssel		DEATH	4 June	1		19	67
5	s. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	☐ B. E	ept 5	. 18	65	9. AGE (In years	IF UNDER		IF UNDER	
	Male	White	WIDOWED	DIVORCED		CKXXX	186	2	lost biglingy)	Months	Doys	Hours	Min.
	Oo. USUAL OCCUPATION	(Give kind of work done		D OF BUSINESS OR		1. BIRTHPLACE (C		State, or f			TIZEN OF	WHAT	
d	luring mest of working	life, even if retired)	INC	DUSTRY		Dames					OUNTRY?		
-	3. FATHER'S NAME				1 14	Penns MOTHER'S MA		ME		1. 4	0.		
	0	P4 7							Allison				
-	George S WAS DECEASED EVE	Fissel R IN U.S. ARMED FORCES?	1 16 5	OCIAL SECURITY NO.	17. INFO	Kathe	erine	9		2201	_		
	(Yes, no, or unknown)	(If yes give wor or dotes of	service)			72.7		0	State	7			
	no			14-20-5047	Rec	oras: 3	pri	ng G	rove/Hos	pital			
	PART I. DEA	, which gove	0)	BILATERY TEBIO SC	LBRA	PNE (OAB CAB	PIA	c DISI	PAZ		RVAL BET SET AND D	
	rise to immediat stating the unde lost.		(c) COE	NELAUS!	3D 1	HTEK)	0,3	ELE	ROS 19	ADVA	CED)	
3 Indian	PART II. OTHER SI	GNIFICANT CONDITIONS CO	INTRIBUTING TO	O DEATH BUT NOT RELAT	ED TO THE	TERMINAL DISEA	SE CONDI	ITION GIV	/EN IN PART 1(o)		19. YE	WAS AUTO PERFORM S	DPSY ED? NO
CEDITICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY OCCU	JRRED. (Ent	er noture of inju	ury in Pa	rt I or Po	ort II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour o.r p.r	10	20d. IN. While of work	Not While		F INJURY (Home street, office blde		20f.	(City or town)		unty)	(Stote)
		fy that ≰i) (this has eceased alive an	oital) attend	led the deceased fr					ta JUNG 1 M, fram causes				we) last dabave.
	22o. SIGNATURE	Latin	tetahl	SMD.	M.D.	ATTENDING PHYS.		IED. IRECTOR	STAFF PHYS.	22b. C	ATE SIGN	ED	
/	22c. PHYSICIAN'S NAME (Type		A. FEI	ipe		22d. ADDRESS Balt	S Si	orin	g Grove : Maryland	State 21228	Hosp	oital	
1	30. BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETE	RY OR CREA	MATORY		23d. L	OCATION (City or To	own)	(County)	(5	tote)
	Burial Specify	6/5/6	7	Jefferson	Cem.			J	efferson.	Pa.			
-	24. FUNERAL DIRECTO			ADDRESS	- 001/4	2So.	. REC'D E	Y REGIST	efferson RAR 2Sb. R	EGISTRAR'S	SIGNATUR	E	
	Leonard	J. Ruck In	c. Bal	Ito. Md.		DAT	E JU		1967	gelia	relan	Quel	e.t.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any evert—within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

the and sometimes that the latest of the second section 101 newliff our street was a ser TAND AND STREET OF THE PROPERTY OF THE PROPERT hadron and and areas are unit, posteriole de mei nostrutte de 1817/8 (1919) Laconerial Luck Lee. Delto., Ed.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL DECORDS

	Item	#23a,b,c	CERTIFICATE	G 39	0.6/23/67	pc
07750			CEKTIFICATE	UF	DEAIR	

PLACE OF DEATI		THE			2. USUAL RESIDENCE o. STATE	(Where deceosed	lived, if institution		before odmission)
U. COUNTI	Baltimore		MA	RYLAND	Mary	land	D. COON		timore
b. CITY OR TOWN	(If outside corporate limits.		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		limits, write RUR	AL ond give n	neorest town)
Write KUKAL	and give nearest town)	son			Balti	more	21.221		03,1
d. NAME OF HOS	PITAL OR INSTITUTION (If not		re street address)		d. STREET ADDRESS				e. IS RESIDENCE
St. Jo	seph Hospita	1			Apt.2B	Mars Roa	ad		ON A FARM? YES NO **E
NAME OF	Firs	t	Middle		Lost	4. DATE	Montl	h	Doy Year
(Type or print)	MARY				FITZ	OF DEATH	June	e 16	19 67
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED 🔲	B. DATE OF BIRTH		AGE (In years		EAR IF UNDER 24 HRS.
Female	White	WIDOWED 5	DIVORC	CED 🗍	6000000000000000000000000000000000000		lost birthdoy) 70 vrs.	Months D	Doys Hours Min.
Oo. USUAL OCCUPAT	ON (Give kind of work done	10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or forei	gn country)		EN OF WHAT
	ng life, even if retired)	INDU	JSTRY		Pennsy.	Irania			ITRY?
Homems 3. FATHER'S NAME					14. MOTHER'S MAIDEN			US	Э. Д
io. TAITIER 5 NAME		1100	- / -		14. MOTHER'S MINIDEN	Williams .			
IS WAS DESTACED	EVER IN U.S. ARMED FORCES?	4ROM	CIAL SECURITY NO.	17	INFORMANT		Addre		
	(If yes give wor or dotes of		CIAL SECURITY NO.	-					^
800									
NO				18	ECO ADS	ST.Je	SEPIT.	HOS	
1B. CAUSE OF	DEATH (Enter only one couse EATH WAS CAUSED BY:	,						HOS	INTERVAL BETWEEN ONSET AND DEATH
1B. CAUSE OF	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Adend			the lung w			HOS	INTERVAL BETWEEN
1B. CAUSE OF PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Adend	carcino	ma of	the lung w			H03	INTERVAL BETWEEN
IB. CAUSE OF PART I. D Conditions, if o	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (t) iote couse (o),	Adendo Conge		ma of	the lung w			H03	INTERVAL BETWEEN
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the un	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (t) iote couse (o), derlying couse	Adendo Conge	carcino	ma of	the lung w			H03	INTERVAL BETWEEN
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlast.	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (t) derlying couse ()	Adendo Conge	estive he	ma of	the lung w	ith meta	astases	H03	INTERVAL BETWEEN ONSET AND DEATH
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlast.	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (t) iote couse (o), derlying couse	Adendo Conge	estive he	ma of	the lung w	ith meta	astases	HOS	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlast.	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (t) derlying couse ()	Adendo Conge	estive he	ma of	the lung w	ith meta	astases	HOS	INTERVAL BETWEEN ONSET AND DEATH
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlast.	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove (c), derlying couse SIGNIFICANT CONDITIONS CO	Adence O Conge	carcinon	ma of	the lung w	ith meta	IN PART 1(0)	Hos	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the un last. PART II. OTHER 200. ACCIDENT V IF FITHER NOTI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO	Adence O Conge	carcinon	ma of	the lung with the terminal disease co	ith meta	IN PART 1(0)	HOS	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the un last. PART II. OTHER 200. ACCIDENT V IF FITHER NOTI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor	Adence O Conge O O Conge O O O O O O O O O O O O O O O O O O O	DEATH BUT NOT R RIBE HOW INJURY	ma of eart t	the lung with the lung with the lung with the second the second the lung with the lung	ONDITION GIVEN	IN PART 1(0)	HOS (Count	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
IB. CAUSE OF PART I. D Conditions, if o rise to immed stoting the un last. PART II. OTHER 20c. ACCIDENT V OR CONTRIBUTI (IF EITHER, NOTI (IF EITHER, NOTI Hour	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ony, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING VAS UNDERLYING FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m.	Adence Conge O	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While	ma of eart t	the lung with th	ONDITION GIVEN	IN PART 1(0)		INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
1B. CAUSE OF PART I. D Conditions, if or rise to immed stoting the unlast. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTI Hour)	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19	Adence Conge O	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work	ma of eart :	the lung wifailure THE TERMINAL DISEASE CO (Enter noture of injury interpretation of the control of the contro	ONDITION GIVEN Part f or Port I	IN PART 1(o) I of item 1B.) (City or town)	(Count	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO
1B. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlost. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTI (IF EITHER, NOTI Hour) 21. I cell	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove lote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 tify that {}) (this hosp	Adence Conge O	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work cold the decease	ma of eart : RELATED TO OCCURRED. 20e. PLA foct d from Ju	the lung wifailure THE TERMINAL DISEASE CO (Enter noture of injury in lory, street, office bldg., etc.)	ONDITION GIVEN Part for Port I m, 20f. (1)	IN PART 1(o) I of item 1B.) (City or town)	(Count	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO 12 No 12 No 15 No 16 No 16 No 17 No 18 No 18
18. CAUSE OF PART I. D Conditions, if or rise to immed stoting the unlast. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOT) Hour 21. I cer saw the	AS UNDERLYING CAUSE OF DEATH FOR MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 tify that \$\frac{1}{2}\$ (this hosp deceased olive a CAUSE (cause	Adence Conge O	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work cold the decease	ma of eart : RELATED TO OCCURRED. 20e. PLA foct d from Ju	the lung wifailure THE TERMINAL DISEASE CO (Enter noture of injury in lory, street, office bldg., etc.)	ONDITION GIVEN Part for Port I m, 20f. (1)	IN PART 1(o) I of item 1B.) (City or town)	(Count	19. WAS AUTOPSY PERFORMED? YES NO 19. (Stote) 7, that \$6 (we) lose dote stoted above
Conditions, if o rise to im med stoting the un last. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTI (IF EITHER, NOTI 20c. TIME OF I Hour saw the 220. SIGNATUI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that (1) (this hosp deceased olive an	Adence O Conge	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work d the decease	ma of eart : CELATED TO OCCURRED. 20e. PLA foct d from Jn, and tha	the lung with th	DNDITION GIVEN Part f or Port I m, 20f. () 19.67, ta. 8:20p.M,	IN PART 1(o) I of item IB.) (City or town) June 16.	(Count	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO ** No **
Conditions, if o rise to im med stoting the un last. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF I Hour 21. I cel saw the 220. SIGNATUL	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that (1) (this hosp deceased olive an	Adence Conge O	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work d the decease	ma of eart : RELATED TO OCCURRED. 20e. PLA foct d from Ju	the lung with th	ONDITION GIVEN Part for Port I m, 20f. (1) 19.67, ta. 8:20p.M,	IN PART 1(o) I of item IB.) (City or town) June 16, fram causes	(Count	19. WAS AUTOPSY PERFORMED? YES NO 19. (Stote) 7, that \$6 (we) lose dote stoted above
Conditions, if o rise to im med stoting the un last. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTI (IF EITHER, NOTI 20c. TIME OF I Hour saw the 220. SIGNATUI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that {} (this hosp deceased olive an]	Adence O Conge	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work d the decease 1967	ma of eart : CELATED TO OCCURRED. 20e. PLA foct d from Jn, and tha	the lung with th	ONDITION GIVEN Part f or Port I m, 20f. 19.67, ta. 8:20p.M, MED. DIRECTOR	IN PART 1(0) I of item 1B.) (City or town) June 16 fram causes	(Count , , 19 67 and an the 22b. DATE June	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (Stote) 7, that \$() (we) lose dote stoted above be signed by 16, 1967
1B. CAUSE OF PART I. D Conditions, if o rise to immed stoting the unlast. PART II. OTHER 20c. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTI 20c. TIME OF I Hour 21. I cet saw the 22c. SIGNATUL 22c. PHYSICIAL NAME (Ty	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove iote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that ﴿﴿) (this hosp deceased olive an] RE CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that ﴿﴿) (this hosp deceased olive an] RE CAUSE P. Spee) Ramon	Adender Conge Cong	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work d the decease 1967	ma of eart : RELATED TO OCCURRED. 20e. PLA foct d from Jr, and tho	the lung with the lung like th	ONDITION GIVEN Part for Port I m, 20f. (19.67, tag 8:20p.M, MED. DIRECTOR C	IN PART 1(0) I of item IB.) (City or town) June 16. fram causes of PHYS. ** Cowspa,	(Count ,, 19_6, and an the 22b. DATE June Md. 21	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO 19) (Stote) 7, that \$6) (we) lose dote stoted above a signed be signed be signed be signed.
18. CAUSE OF PART I. D Conditions, if or rise to immed stoting the unlast. PART II. OTHER 200. ACCIDENT V OR CONTRIBUTING (IF EITHER, NOTI II) 20c. TIME OF I Hour 21. I cer saw the 220. SIGNATUI 22c. PHYSICIAL	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T ny, which gove lote couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING CAUSE OF DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 Tify that (1) (this hosp deceased olive an] RE DEATH O'S pe) Ramon TION, 23b. DATE THER	Adender Conge Cong	DEATH BUT NOT R RIBE HOW INJURY URY OCCURRED Not While of work d the decease 1967.	ma of eart i RELATED TO OCCURRED. 20e. PLA foct d from Jr, and tho	the lung with the lung like th	ONDITION GIVEN Part for Port I m, 20f. (19.67, tag 8:20p.M, MED. DIRECTOR C	IN PART 1(o) I of item 1B.) (City or town) June 16. fram causes of the second secon	(Count , , , 19 67 and an the 22b. DATE June Md 21	INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO No No Stote) 7, that \$6 (we) lose dote stoted above E SIGNED e 16, 1967 .204 ounty) (Stote)

02

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, or remaval, and if any event, within 72 habre after Dept. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

Beeff trans (E. A)

. #50912.LS1

f degual branch . . .

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07751

CERTIFICATE OF DEATH

07733

4 24		0.00
death and death		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
		O. STATE OF B. COUNTY B. C
after mire-fu	_	Baltimore MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
a a a a	10	b. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL ond give nearest town)
24 haurs ed in ber upers Pe	IA	Juings 11.115 6/18/65 Deltimore, 1102,4
har har	7	HAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
4 lin	1	ON A FARM?
lled in papers in 72 F	1	Tasewood State Hospital 402 Cooks hane YES NO X
语 华 声	3.	NAME OF First Middle C Lost 4. DATE Month Day Year
campletely fille		OFT DEATH Trane 2/ 1967
	c	
to ke m	12	lost birthdoy) Months Doys Hours Min.
be executed and camplet e remove cor	尺	male subject wildowed Divorced 18/3/56 lost birthdoy) Months Doys Hours Min.
		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
ate b ician lease and i	dur	Dependent Monte Battonia (NDUSTRY) 13a Himsore, Md COUNTRY?
ar ar	10	
physician en please aval, and	13.	
ph hen hen nave	-	comes Joseph Titzgerald (alle Cinquegran)
h o ing	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INFORMANT
the death certificate ne attending physiciar it permit. Then pleas atian, or remaval, anc	(Ye	is, no, or unknown) (If yes give wor ar dotes of service) Tone Respects Courses Mills. Md
affe an,		ill indepose riscords, curings (ms, ind
the the		IB. CAUSE OF DEATH (Enter only one couse per line for (o) (b), old (c).) PART I DEATH WAS CALISED BY ONSET AND DEATH
at at usi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Leabeter Cosna Tenancy
tro by cre		260X DUE TO 1/ S 1 1
res sici		Conditions if any which gave
phy sign		rise to immediate course (a)
a p a p a p a p a p a p a p a p a p a p		stating the underlying cause DUE TO
din		last. (c) Along Abress
e fe ten ten as as	-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO LEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)
于	CERTIFICATION	Orthostytical Paramin beleficial YES INO I
are are	2	O TROSPE OF NEW MANNE CALLERS
▼ 直寄る王	E	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II of item 1B.)
Spinspins of the spins of the s		(IF EITHER, NOTIFY MEDICAL EXAMINER)
H Po	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote)
be the be	18	Hour a.m. While Not While foctory, street, affice bldg., etc.)
N Y Ter		Ditte. Of Work — Of Work —
A A A B A B B B B B B B B B B B B B B B		21. Lectify that (I) (this hospital) of ended the deceased from 6 10, 1963, to 6 1, 1963, that (I) (we) last
# 9 % 9 f		saw the deceased alive on 90 1967, and that death occurred at PM, fram couses and on the dote stated above.
AT stail		7220. SIGNATURE 22b. DATE SIGNED
× 3 × 3		M.D. ATTENDING MED. MED. DIRECTOR 13 PHYS. 1 22 June 17
O a a a a		27C PHYSICIAN'S 22d. ADDRESS
AL Pod		MAME (Toro)
Page 4 ma O FUNERAL director, p		August A. Odies, M.D. August nosp., Owings Mills, Md.
Sout South	230	23. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
Page 4 m O FUNER director,		REMOVAL (Specify) 6/26/67 New Cathedral Cem. Baltimore, Md.
	20	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	1	Witzke F. D 4101 Edmondson Ave.
20 M 1/66	1	DATE JULY 2 6 1981 Lucially Judge

To all these content of the same supported by the same support of the result of the court which are not provided and the Should be the same of salary THE CONTRACT OF THE CONTRACT O Line Aski swamman we.

408

FOR STAT

P.M.3. Page delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-tronsit permit. File pages land2 with the State Department af Health ar its designated agent, prior ta burial, crematian, ar remayal, and in any event within 72 hours after death.

VR A15ME (5)

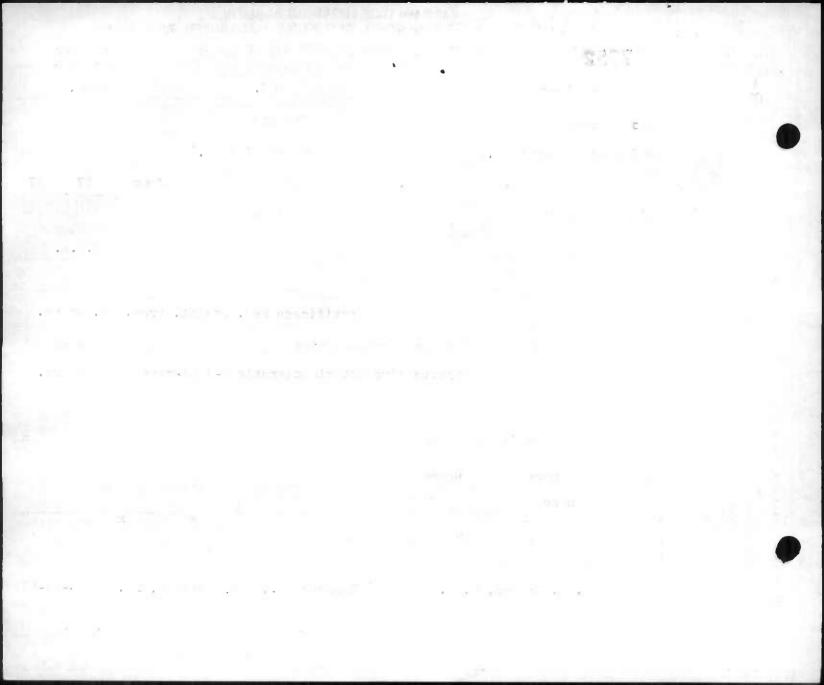
the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

TO DEPUTY MESTAL EXAMINER: This certificate shauld be executed within 24 hours after death. If

necessary, please execute the certificate, writing the ward "pending"

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07	752	MEDICA	AL EXAMINER'S	CERTIFICATE O	F DEATH	0	7734
PLACE OF E a. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (V a. STATE Md.	Where deceased lived, if	L COUNTY	e befare admission)
write RU	TOWN (If autside carparate limit IRAL and give nearest tawn) 11stown	c.	LENGTH OF STAY IN 16	c CITY OR TOWN (If ou		rite RURAL and give	nearest tawn)
	HOSPITAL OR INSTITUTION (If n		street address)	d. STREET ADDRESS Bunker H	ill Rd.		e. IS RESIDENCE ON A FARM? YES NO *
3. NAME OF DECEASED (Type or pri	Low	rst es	Middle H •	Floyd	4. DATE OF DEATH	Month June	Day Year 27 19 67
S. SEX Male	6. COLOR OR RACE Colored	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1904	9. AGE (In) last birth	rears IF UNDER I day) Manths yrs.	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCI during mast af v	UPATION (Give kind af wark dane warking life, even if retired)	1Db. KIND (DF BUSINESS OR TRY	11. BIRTHPLACE (State	ar fareign cauntry)	12. CIT COL	IZEN OF WHAT
13. FATHER'S N	NAME			14. MOTHER'S MAIDEN N	AME		
	ASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates			INFORMANT	d. Assist.	Address Prog. St	of Md.
	E OF DEATH (Enter only one co I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Care	(b), and (c).) diac Decomper	nsation			INTERVAL BETWEEN ONSEL AND DEATH
rise to im	DUE s, if any, which gave mediate cause (a), e underlying cause	(b) Hype	ertensive Art	eriosclerot	ic C-V Dis	ease	4 yrs.
last.	THER SIGNIFICANT CONDITIONS ((c)	FATH BUT NOT PELATED TO	THE TERMINAL DISEASE (OA	IDITION GIVEN IN PART	1(a)	19. WAS AUTOPSY
CATION		c Alcoho		THE TERMINAL DISEASE CON	IDITION OFFICE IN PART	1(0)	PERFORMED? YES NO NO
	RNAL CAUSE WAS ☐ or CONTRIBUTING ☐ DEATH. none	20b. DESCRI	BE HOW INJURY OCCURRED.	(Enter nature af injury in I	Part I ar Part II af item	1B.)	
2Dc. TIME	OF INJURY Manth, Day, Year laur a.m. p.m. none 19	2Dd INJUR While at wark	Nat While fact	CE OF INJURY (Hame, farm ary, street, affice bldg., etc.)		awn) (Cau	nty) (State)
	certify that I taak charg resulted fram: Natur			eld an Autapsy [], ide [], Hamicide CHIEF MEDICAL		Inquiry 🔼, ned manner 🗌	and in my apiniar
ACTUAL SIGNATUR	RE D. D. GO	aples		M.D. ASSISTANT MEDI	ICAL EXAMINER		22. DATE SIGNED
EXAMINED NAME (Ty		es, M. D.	6 На	nover Rd Address (Street	Reistersto	wn, Md.	6-28-67
23a. BURIAL, CE REMOVAL Remov	(Specify) 7/11/6			y Med. School		., Balto	
24. FUNERAL I	DIRECTOR		ADDRESS	233. 11243	BY REGISTRAR IN 3 0 1967	2Sb. REGISTRAR'S SI	Can Quedan
				I DAIL JU	11 9 0 138/	house	Can Junge



MARYLAND STATE DEPARTMENT OF HEALTH

	MARIENIE DIVIE DEI VIKTIMENT OF HENETH	
DIVISION OF	VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	20
	MEDICAL EVAMINEDIC CEDELLICATE OF DEATH	

FOR STATE		07753	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	07735
EALTH DEPI.		PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if inst	OUNTY BALL
delay M. P. 2 Tment		b. CITY OR TOWN (It outside corporate write PORAL and give nearest tow	e limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
If any 1, 2, a rm PM Depart		d. NAME OF HOSPITAL OR INSTITUTION	4	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
after death. If a 8. Give Pages 1, along with farm with the State De		NAME OF DECEASED	First - Middle E	Lost 4. DATE OF	Month Doy Year
Give Give		(Type or print) 6. COLOR OR RA	CE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year log brithdoy	S IF UNDER 1 YEAR IF UNDER 24 HRS
ld be executed within 24 haurs after ind "pending" in pencil in Item 18. Gis Chief Medical Examiner's Office alang transit permit. File pages 1 and 2 with event within 72 haurs after death.	100	. USUAL OCCUPATION (Give kind of world	WIDOWED DIVORCED L	27-1930 16 yr	12. CHIZEN OF WHAT
in 24 l		ing most of youking life, even if retired) FATHER'S NAME	INDUSTRI	14. MOJHER'S MAIDEN NAME	M. 2, 7.
d within 24 in pencil in Examiner's File pages 2 haurs afte		WASADECEASED EVER IN U.S. ARMED FO		JARRELL MFORMANT A	ddress
nould be executed ward "pending" if the Chief Medical rial-transit permit.	(Y	(If yes give wor or	dotes of service) one couse per line for (o) (b), and (c).)	ARENTS	SAME WINTERVAL BETWEEN
d 'pee d 'pen Chief A ransit		PART I. DEATH WAS CAUSED B'	CAUSE (0)	1 N G	ONSET AND DEATH
we the		Conditions, if ony, which gove rise to immediate couse (o),	(b)		
ficate ing th rded t as a and in		stoting the underlying couse lost.	DUE TO (c)		
Cate, write be farwa be farwa be remaval,	ATION	PART II. OTHER SIGNIFICANT CONDIT) THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o	YES NO
73	L CERTIFICATION	200. EXTERMAL CAUSE WAS PRIMARY LAYOR CONTRIBUTING CAUSE OF DEATH.	20h DESCRIBE HOW INJURY OCCURRED	(Enter notife of injury in Port I of Port II of item 18.	her dom
EXAMINER: ute the certif age 4 shauld yaur files. Page 3 shaul	MEDICAL	20c. TIME OF INJURY Month, Doy,		ACE OF INJURY (Home, form, octory, street, office bldg., etc.)	River DOL+ M
orcal Executive execution of the control of the con		2 . I certify that I took deoth resulted from:	chorge of the remains described above, h		nquiry and in my apinio
MEDIC please directo etainec DIREC		ACTUAL SIGNATURE	3 2000	CHIEF MEDICAL EXAMINER ASSISTANT MEDI CAL EXAMINER	22., DATE SIGNED
DEPUTY MEDTCAL E VCESSATY, please exect e funeral directar. Pa may be retained far FUNERAL DIRECTOR: calth priar ta burial,		EXAMINER'S M. B	DAVIS DUA	MOVED TO ME TO EXAMINE (I) V d A Acress (Greenly) Rown, or county)	6/4/67
necessar the fune S may b TO FUNER			ATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City o	(County) (Stote)
VR A15ME (5)	-	EUNERAL DIRECTOR	ADDRESS	250 PECID BY REGISTRAP 25b	PERSONAL SUPPLIES

18 a 18 ELL USITEDIFICATION The Transfer of the The sure that the second 1 / 4 / 2 / 2 AL STORETER 1. 34 . 34 CANAL CANAL 25 NEW 25 LANGUAGE CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE P ENTER SECURIT TO DAME HE THE SECURITY OF THE S TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuveral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and a should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the than

> VR A15 (4) 15M 4-64

			MARYLAND ST	TATE DEPARTI	MENT OF	HEALTH	
	DIVISION OF						IMORE 1, MARYLAND
	DIVISION OF	SIAIISIIGAL				JIKELI, DALI	
	07754	- 11 -	CER1	IFICATE OF	DEATH		07736
_	V4604	Thom #8	Film #6200				If Institution: Decidence before

1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	01100
1. PLACE OF DEATH 10 11M 10390 0/30/0 2. USUAL RESIDENCE (Where deceased lived, If Institution	: Residence before admission)
a. COUNTY BALTIMORE MARYLAND a. STATE Mary land b. COUNTY &	Se Hunore
b. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b write RURAL and give nearest town)	AL and give nearest town)
GARRISON M. 3 mo. Rural Rosedelle	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 6. STREET ADDRESS 1818 U. LANN Road	e. IS RESIDENCE ON A FARM?
	YES NO
3. NAME OF DECEASED (Type or print) IDA E. Middle FOEhRKOLD GF BEATH JUNE	Day Year 24 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUND	ER 1 YEAR IF UNDER 24 HRS.
temate whowed Divorced Wy 24/1884/ 17 yrs.	
during most of working ilfe, even if retired) INDUSTRY	COUNTRY?
Housewite Merry and 1	JSA.
John ERMER Uyknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	. 0
(Yes, no or unknown) (If yes give war or dates of service) 215-32-4513B Louis S. Fochekelb 1818 Will	lang Road.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA	14 days
H9/X DUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
CEREBRAL THROMBOSIS	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 CEREBRAL THROMBOSIS 20a. ACCIDENT WAS UNDERLYING TO LOUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
	County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) while p.m. 19 at work at work at work	County) (State)
0 11 -0 12 1 -211 -	15 17 Mark (1) (mark look
21. I certify that (I) (this hospital) attended the deceased from Hecil 29, 1967, to JUNE 24, 19 saw the deceased alive on JUNE 21, 1967, and that death occurred at 132M, from the causes and p	b Z, that (I) (ne) last
228. SIGNATURE 22b.	DATE SIGNED
Howard Id Gendason M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/4	NE 24, 1967
22c. PHYSICIAN'S	TERSTEWN ND.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23dy LOCATION (City, town or BUBIA) Sine 27, 1967 Og K Comme Come tory 12d Location (City, town or	hol.
	AR'S SIGNATURE
Puly 4 Love 1211 Chosice Have DATEIN 27 1967 Ichan	les Judges

September 1981 September 1984 September 1981 September 1981 the second second second second second Manager and the second of the Separate to the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212017 7 3 7

1. PLAC	CE OF DEATH	,			2. USUAL RESIDEN	CE (Where deceased lived	, if institution:	Residence befo	re admission)			
0. ((OUNTY	Baltimore		MARYLAND	o. STATE	o. STATE Maryland b. COUNTY						
b. CI	ITY OR TOWN (I	outside corporate limit	rs,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)							
		give nearest town)			Balt	imore 2121.	2	30	1.4			
d. N	AME OF HOSPITA	T OR INSTITUTION (If no	at in haspital, g	give street address)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?			
	St. Jo	sephs Hosp	ital		1402 L	imit Ave.			YES NO			
3. NAN DECI (Type	ME OF EASED e or print)		irst ene	Middle	FOLTZER	4. DATE OF DEATH	Month June	2	Y Year 1967			
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	1890 9. AGE (I		FUNDER 1 YEAR Nonths Doys	IF UNDER 24 HRS			
-	male	white	1	DIVORCED [Nov. 18,	1090 70	yrs.					
during n		(Give kind af work dane ife, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign cou nd	untry)	12. CITIZEN C COUNTRY U.S.	A •			
13. FAT	THER'S NAME				14. MOTHER'S MAI							
	Jacob F				Louise	Atkin						
(Yes, no	AS DECEASED EVER o, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates)	of service)	SOCIAL SECURITY NO.	17. INFORMANT Mr. Alois	B. Zetmeis	Address	same				
1B.		ATH (Enter only one can H WAS CAUSED BY:							TERVAL BETWEEN NSET AND DEATH			
Cor	332) nditions, if any,	DUE	E TO	rrent Brain								
rise sta las:	nditions, if any, e ta immediate sting the under st. ART II. OTHER SIG	which gave e cause (o). DUE	(b) (c) (c) (contributing 1	TO DEATH BUT NOT RELATED	f* 250]ef		ART 1(o)). WAS AUTOPSY PERFORMED?			
rise sta las:	nditions, if any, e to immediate oring the under it. ART II. OTHER SIG General	which gave e cause (o), lying couse DUE	(b) (b) (c) (c) CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEAS	CONDITION GIVEN IN PA			7. WAS AUTOPSY PERFORMED? YES NO [
CERTIFICATION AND SO ON ON ON ON ON ON ON ON ON	nditions, if any, e ta immediate sting the under it. RRT II. OTHER SIG General RCONTRIBUTING	which gave e cause (o), lying couse DUE	(t)CONTRIBUTING TO SCLES	TO DEATH BUT NOT RELATED POSIS. SCRIBE HOW INJURY OCCUR	TO THE TERMINAL DISEAS	CONDITION GIVEN IN PA y in Part I or Part II of it	tem 1B.)		YES 😿 NO [
NI CERTIFICATION AU OSC STORY OSC STORY OSC	nditions, if any, e ta immediate string the under string the under string. ART II. OTHER SIG General to ACCIDENT WAS R CONTRIBUTING EITHER, NOTIFY. IK. TIME OF INJUITED TO THE STRING THE	which gave e cause (o). DUE ying couse DUE SNIFICANT CONDITIONS (Conditions of the country of the cause of Death MEDICAL EXAMINER) RY Manth, Day, Year (Conditions of the country of the cause of Death MEDICAL EXAMINER)	E TO (b) E TO (c) CONTRIBUTING 20b. DE 20d. II While of ward	TO DEATH BUT NOT RELATED **POSIS** SCRIBE HOW INJURY OCCUR NJURY OCCURRED **AUTOMATICAL CONTROL OF THE POSITION OF THE POS	TO THE TERMINAL DISEAS RED. (Enter nature of injure) PLACE OF INJURY (Home, factory, street, office bldg	y in Part I or Part II of it farm, 20f. (City o	tem 1B.)	(County)	YES NO (Stote)			
MEDICAL CERTIFICATION NO OBS OBS OBS OBS OBS OBS OB	nditions, if any, e to immediate thing the under the control of th	which gave e cause (o). DUE ying couse DUE SNIFICANT CONDITIONS (Conditions of the country of the cause of Death MEDICAL EXAMINER) RY Manth, Day, Year (Conditions of the country of the cause of Death MEDICAL EXAMINER)	E TO (b) E TO (c) CONTRIBUTING 20b. DE 20d. II While of ward	TO DEATH BUT NOT RELATED **COSIS** **SCRIBE HOW INJURY OCCUR **NJURY OCCURRED 20e* **NJURY OCCURRED at wark	TO THE TERMINAL DISEAS RED. (Enter nature of injure) PLACE OF INJURY (Home, factory, street, office bldg	y in Part I or Part II of it farm, 20f. (City of tal.)	or town)	(County) , 19 <u>67</u> , 1	(Stote) that (I) (we) lite stoted oba			
WEDICAL CERTIFICATION MEDICAL CERTIFICATION ACCORDANCE S40	nditions, if any, e ta immediate string the under string the under string. The string the under string the u	which gave e cause (a). DUE ying couse DUE SNIFICANT CONDITIONS (E TO (b) E TO (c) CONTRIBUTING 20b. DE 20d. II While of ward	TO DEATH BUT NOT RELATED **COSIS** **SCRIBE HOW INJURY OCCUR **NJURY OCCURRED 20e* **NJURY OCCURRED at wark	TO THE TERMINAL DISEAS RED. (Enter nature of injunction of injunction) PLACE OF INJURY (Home, factory, street, office bldg) m. May 30 that death occurred of the injunction of injunc	y in Part I or Part II of it farm, 20f. (City of etc.) 7 19 57 ta MED. S	or town)	(County), 19.67, 19.60 d an the do	(Stote) that (I) (we) lite stoted oba			
WEDICAL CERTIFICATION MEDICAL CERTIFICATION ACCORDANCE S40	nditions, if any, e to immediate thing the under the control of th	which gave e cause (o). DUE SNIFICANT CONDITIONS (12ed arter UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER Manth, Day, Yeor No. 19 Yeor 19	E TO (b) (c) (c) (contributing 20b. DE 20b. DE 20d. II While at warl spitol) atten	TO DEATH BUT NOT RELATED **COSIS** **SCRIBE HOW INJURY OCCUR **NJURY OCCURRED 20e* **NJURY OCCURRED at wark	TO THE TERMINAL DISEAS RED. (Enter nature of injunction) PLACE OF INJURY (Home, factory, street, office bldg) m. May 30 that death occurred M.D. ATTENDING PHYS. 22d. ADDRESS	y in Part I or Part II of it farm, 20f. (City of etc.) 7 19 57 ta MED. S	or town) June 2 1 couses an	(County), 19.67, 19.60 d an the do	(Stote) that (I) (we) lote stoted oba			
PA STORY OF THE PROPERTY OF TH	nditions, if any, e to immediate thing the under it. IRT II. OTHER SIC General to accident was a contributing telther, notify. Co. Time of Injune on the decay of the decay o	which gave e cause (a). DUE SNIFICANT CONDITIONS (C. 12ed arter UNDERLYING THE MEDICAL EXAMINER) Reynaldo N, 23b. DATE TH 6/5/6	E TO (b) E TO (c) CONTRIBUTING TO SCLED 20b. DE 20d. II While at warl spitol) atten June Or uel	TO DEATH BUT NOT RELATED POSIS. SCRIBE HOW INJURY OCCUR NJURY OCCURRED Not While at wark and at wark and at wark a	TO THE TERMINAL DISEAS RED. (Enter nature of injunct) PLACE OF INJURY (Home, factory, street, office bldg) m. May 30 that death occurred M.D. ATTENDING PHYS. 22d. ADDRESS 762 OR CREMATORY ral Cem.	y in Part I or Part II of it farm, 20f. (City of etc.) 1967, ta ot 4347 M, from MED. DIRECTOR	or town) June 2 n couses and Towso (City or Town)	(County)	(Stote) that (I) (we) lote stoted obasined 2, 1967 4			

Balto, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been staned by the attending physician and completely filled in by the funeral.

March years The state of the s Are falmula . Sioli ." Principal List - Int has been TOOL AND A TAKE OF THE PARTY OF old constant against , and Temperature Temperature All Muzel Control to the control of the control of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7756	0			CEF	RTIFICATE	OF	DEATH				077	38		
o. COUN	Υ	imore	W.			MARYLAND		IAL RESIDENCE TATE Marylar			institution COUNT		before	odmissio	n)
b. CITY C	R TOWN (If ou	utside corporot	te limits, vn)		c. LENGTH OF	STAY IN 1b	c. CITY	OR TOWN (If o			ite RURA	L ond give	neorest	town)	
d. NAME		OR INSTITUTION			ive street oddres	is)		Baltimo EET ADDRESS		21220		()	F1 (19)	IS RESID ON A FA	RM?
		seph I		tal				423 Thi							NO 4
3. NAME O DECEASE	D		First		Midd	le		Lost	4. DAT		Month		Doy	Yea	
(Type or		COLOR OR RA	Harry		M.	ADDIED TO		e Sr. OF BIRTH	DEA	9. AGE (In ye	2005	IF UNDER 1	VEAD T		67 24 HDC
ale		vhite		MARRIED WIDOWED			7-18			lost birtho	loy) yrs.		Doys	Hours	Min.
100. USUAL C during most	CCUPATION (Gi of working life,	ve kind of wor		IND	D OF BUSINESS DUSTRY	OR		RTHPLACE (Count	y & Stote, or	foreign country	')	COU	ZEN OF NTRY?		
13. FATHER	s NAME			Cro	an Cork	& Seal	14. M	OTHER'S MAIDEN	NAME			10.	3.7	7 >	-
HAI	DEN	For	OTE				An	VNIE	BUK	RKHAI	POT				
IS. WAS DE	CEASED EVER IN Inknown) (If y	U.S. ARMED FO	ORCES? r dotes of se	· m.i.a.	OCIAL SECURITY		INFORMA			4-3 (-)	Address	ABO	VE		
Condition rise to stoting last.	ons, if ony, whimmediote co	vas caused B IMMEDIATE nich gove puse (o), ng couse	CAUSE (o) DUE TO (b) DUE TO (c)	Ruptur portice	on of Th	erioscl noratic	Aor	ic aneu	the	right]	pleu	ing ral	ONSE	RVAL BETT ET AND D	EATH
CATION	CIDENT WAS UN		TIONS CON					iture of injury in					F	PERFORMI	NO [
	TRIBUTING (CER, NOTIFY MED	AUSE OF DEAT		205. 063	CKIDE HOW INJ										
WED	ME OF INJURY Hour o.m. p.m.		19	While of work	JURY OCCURRED Not While ot work	foct	ory, stree	JURY (Home, for t, office bldg., etc	.)			(Cour			Stote)
sa	I certify w the dece	that (th osed alive	is hospit	al) attend	led the dece	ased fram_	t death	Occurred o	1967 1 SPM MED. DIRECTOR	M, from ca	uses a	nd on th	e date TE SIGNE	stated D	abov
1					n, M.D.		76	d. ADDRESS 20 York	Rd.	Baltim	ore,	Md.	212	04	
REMO	CREMATION, AL (Specify) AL DIRECTOR		6/5/	0F 67		RELA.			23d. 'D BY REGI	BALT	-0.	n) (M L ISTRAR'S SIG			tote)
	AL DIRECTOR	WACE	= 11	5- 5		3.0	e Ma					TILL THE			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

The first of the second THE STATE OF THE S Secretary and the first of the secretary and the

-1			DIVISION				N STREET, BA			ND 21201			
FOR STATE		0775	7	MED	ICAL EXAM	AINER'S	CERTIFICA	TE OF	DEATH		07	739	
HEALTH DEPT.		LACE OF DEATH					2. USUAL RESID	DENCE (Wh	nere deceased li			e before	odmission)
ay is 3 to Page	0	Balt	imore		100	MARYLAND	g. STATE Ma:	rvlar	nd	b. COUN	Balt	imor	
	b	CITY OR TOWN (I	f outside corporate limi give neorest tawn)	its,	c. LENGTH OF ST	AY IN Ib	c. CITY OR TOW	N (If outsi	ide corporote lir	nits, write RUR	RAL ond give	neorest	lown)
		Dunda	ik legresi igwn)		16 ye	ars	Di	unda]	Lk		03	2.1	
dn, 2, n F			L OR INSTITUTION (If I	not in hospitol, g	ive street oddress		d. STREET ADDR	RESS			14.198	е.	IS RESIDENCE ON A FARM?
hours ofter deoth. If any Item 18. Give Poges 1, 2, Office olong with form Prond 2 with the Stote Depart redeath.		1306 Wil	low Road				1306 1	Willo	w Road		- 177	YE	
e Poges with for		AME OF ECEASED		irst	Middle		Lost		4. DATE	Mont	h	Doy	Year
de de de	(1	ype or print)	Charl		D.		Foster		OF DEATH	June		23	1967
ofter de Soive Polong with the	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MAI		B. DATE OF BIRTH			E (In years	Months	YEAR I	F UNDER 24 HRS. Hours Min.
hours ofter ditem 18. Give Office along w		ale	White	WIDOWED			1/8/08		5				
	10o. durin	USUAL OCCUPATION a most af warking l	(Give kind of work done life, even if retired)		ND OF BUSINESS O				foreign country	()	12. CITI	ZEN OF V	VHAT
			ite, even if retired) Lingineer	Bend	lix Radi	o Corp.					U.	NTRY?	A.
within 24 pencil in cominer's le poges hours ofte		FATHER'S NAME	The set of				14. MOTHER'S N						
within n pencil Exomine Exomine File pog		Capas W.					Cather		udwig				
red in in in in 72	(Yes	no, or unknown)	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of carriera)	SOCIAL SECURITY N		NFORMAN (Wi				daryla		
xecuted nding" ir Medicol I permit.					3-07-956	Mrs	• Ruby	roste	er, 1300	5 Wille	ow Rd.		
		PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY:	ouse per line	(b), (b), ond-(d)	0 (rona	Luc	BEAL	luss			VAL BETWEEN T AND DEATH
should be to word "pe to the Chief burial-tronsit		4201	, IMMEDIATE CAUSI		~ Cuch	7	00100	1	000	COURT	v~:	9 -	
should e word o the Ch ourial-tra		Conditions, if ony,	00	E TO	17-6	HI		(\			. 57.		
the to to but		rise to immediate	e couse (o),	E TO	13)——				
ficate ing the rded as o		stating the under	lying couse	(c)									
certificate , writing the orwarded to used as o ovol, and in		PART II. OTHER SIG	SNIFICANT CONDITIONS		O DEATH BUT NOT	RELATED TO 1	THE TERMINAL DISE	EASE COND	ITION GIVEN IN	PART 1(o)			/AS AUTOPSY
This cert cate, wri	ATION		~							1,		YES	ERFORMED?
Thi Se be	CERTIFICATION	20o. EXTERNAL CA		20b. DE	SCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of in	njury in Pa	ert I or Part II o	f item 18.)			
certificand and les.		PRIMARY Or COM	(INITIAL LING LA							-			
sh fill sh filo	MEDICAL		RY Month, Doy, Yeor		IJURY OCCURRED		E OF INJURY (Hor		20f. (Cit	y or tawn)	(Cour	nty)	(Stote)
EXAMINER of the certage 4 shaul your files. Page 3 shall cremotion, it	ME	Hour o.m	1.0	While of worl			ory, street, office bl	iag., etc.)					
Pag ar y R: Pc		21. I certify	that I taak charg	ge of the ren	nains describe	abave, he	ld an Autapsy		Inspection	x, Inqu	iry 🗶	and i	n my apinian
A × . 4 0 0	3	death result			Accident			micide [ermined m	anner 🔲		
MEDIC, leose e director stained DIRECT to burn		ACTUAL T	tions	11	140m	1	CHIEF	MEDICAL E)	KAMINER				
7 - 2 - 5		SIGNATURE	ne	- FW	mr 2)	ITI. D .		AL EXAMINER [DATE SIGNED
EPUTY ssary, funeral ay be a NNERAL ith prio		EXAMINER'S	heodore C.	Datte	eon	36 7	DEPUTY	MEDICAL	EXAMINER X	105 N	Main S	t. 6	/23/67
		BURIAL, CREMATIO			23c. NAME OF	M. D	Addres:	5 (311981, (tity, town, or co	ON (City of Tox	ialk,	Md.	21222
TO D the the 5 m 5 m Heo		REMOVAL Specify)			Oak La				Z30. LOCATIO		wn) ltimor	County)	(Stote)

Oak Lawn Cemetery

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR

John J. Duda, 7922 Wise Ave. Dundalk, Md.

23b. DATE THEREOF 6/26/67

Buria Specify)

250. REC'D BY REGISTRAR DATE UN 2 7 19

Baltimore, Md. 2Sb. REGISTRAR'S SIGNATURE

WE STORY

9. [9.2]

July a Cale

THURSE 'A RESORDED

maftys:

To say the say of the

Tion states from sent to the little

The Market of the State of the

65 80/8/1-

manager and and sent dant dant greet and attended and and an area.

303-71-9507 Nate Paley Forbert, 1305 William No. Jonielle

Colored to the colored to the colored

ENDER CHIZA

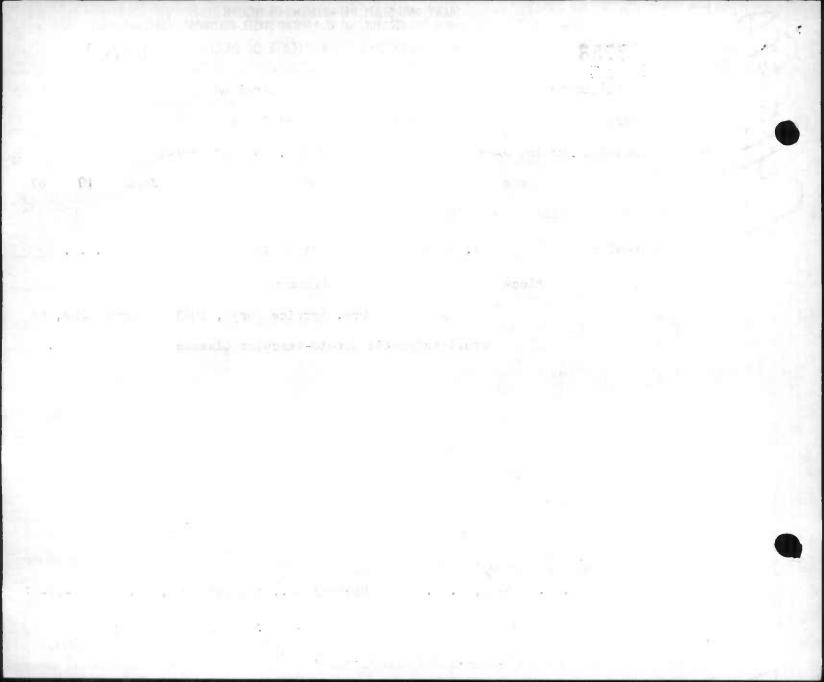
TANESTO . De pire C. Institute de . D. B. B. C. Chandollo, Ind. & 2882

Margel 6/25/7 One carm December 2 John William 1962 Tes Sun Continue of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07758	MEDICAL EX	KAMINEK 2	CERTIFICATE (OF DEATH	0774	U
	. COUNTY			o. STATE		if institution: Residence b. COUNTY	e before odmission)
	write RURAL and give nearest town)	mits, C. LENGIH				write RURAL and give	neorest town)
_					nore		30.4
			idress)				e. IS RESIDENCE ON A FARM?
	Foxleigh Nursing	Home		1504 N. Pt	ılaski Str	eet	YES NO
	TECTACED		Middle	Lost	4. DATE	Month	Doy Year
	Type or print)	na		Fox	DEATH	June	19 1967
7		7. MARRIED NEVE	R MARRIED 8	. DATE OF BIRTH	9. AGE (In		
Fe	male White	WIDOWED 🗶	DIVORCED		86	yrs. Months	Doys Hours Min.
100	USUAL OCCUPATION (Give kind of work do		IESS OR	11. BIRTHPLACE (Stote	or foreign country)		IZEN OF WHAT
000	lousewife	at home		Lithuania	a .	Ti ti	JNTRY?
13.	FATHER'S NAME						
	? Blo	ck		Ilnknorm			
15.	WAS DECEASED EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECUI	RITY NO. 17. IN			Address	
			Mrs	. Rernice k	mrvk. 1043	Flagtree	Lane #8
Ë					tur yith 10 to	, Trageree	INTERVAL BETWEEN
	DADT I DEATH WAS CALISED DV.			rdin-Vascul	ar Disease		6 mos
	11 1 -/ 11	1 /	020020 00.	10000	di Discasi		V IIIVS
	Conditions, if ony, which gove						
		1					
	lost.	(c)					
	PART II. OTHER SIGNIFICANT CONDITION		T NOT RELATED TO TH	HE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(o)	19. WAS AUTOPSY
TION						. ,	PERFORMED? YES NO 🕱
IFICA	20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW	INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of ite	m 18.)	125 110 22
CERT	CALLET OF DEATH		,	, , ,		,	
SI		204 INITIDY OCCUR	RED 20e. PLAC	E OF INJURY (Home, for	n. 20f. (City or	town) (Cou	nty) (Stote)
MED	Hour o.m.	While Not W	hile focto			,	(/
	p.m.			d an Autonou 🗀	Inconstion [40]	In accion Cal	
						, ,	and in my opinior
	death resulted fram; Nat	urai causes 🛌, Accia	ent [, Suick			inea monner	
	ACTUAL 9, 9	Capler					22. DATE SIGNED
		any		_ m.D.			
		aples, M. D.	6 Hand			m. Md.	6-19-67
230	7 11 7						(County) (Stote)
	REMOVAL (Specify)						
24		ADI	ORESS	250 REC	D BY REGISTRAR	254 REGISTRARIE SI	GNATURE
	Cal lavinton & Ru	as 700 601	n Point	Rd. JUN	2 3 1967	ymarker	Judge
	3. Nepical (ERTIFICATION 13. 12. 12. 13. 13. 13. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	d. NAME OF HOSPITAL OR INSTITUTION (I Foxleigh Nursing) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE White 100. USUAL OCCUPATION (Give kind of work doducing most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 7. Blo 15. WAS DECEASED EVER IN U.S. ARMED FORCI (Yes, no, or unknown) (If yes give wor or dot No 18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAL OCCUPATION, stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITION 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 201. I certify that I taok choose the control of the control	D. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Garrison d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street or Foxleigh Nursing Home 3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE WIDOWED (Type or print) SEX 6. COLOR OR RACE WIDOWED (Type or print) SEX 6. COLOR OR RACE WIDOWED (Type or print) SEX Female 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE 13. FATHER'S NAME 7. MARRIED NEVEL WIDOWED (Type or print) 16. SOCIAL SECUL NO. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioscl. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioscl. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arterioscl. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond part i. DEATH BU IT ON THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU IT ON THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU OT Work OT WO	D. PLACE OF DEATH O. COUNTY Baltimore b. CITY OR TOWN (if outside corporote limits, write RURAL and give necrest town) Garrison d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Foxleigh Nursing Home 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Foxleigh Nursing Home 3. NAME OF DECEASED (iype or print) SEX Female White Widdle MIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 7. Block 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wor or dotes of service) No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: WIDOWED 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ('c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CAUSE OF DEATH. 20c. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. none 19 20d. INJURY OCCURRED While of work Of work Of work Of work Of work ACTUAL SIGNATURE EXAMINER'S NAME (Type) D. D. Caples, M. D. 6 Hand 23c. NAME OF CEMETERY OR CEMET	PRACE OF DEATH O. COUNTY Baltimore	O. COUNTY Baltimore MARYLAND D. CITY OR TOWN (if outside corporote limits, write BURAL and give necrest town) Garrison d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Foxleigh Nursing Home 3. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol, give street oddress) Foxleigh Nursing Home 3. NAME OF DECLASE (ippe of pint) SEX 6. COLOR OR RACE WiDOWED Tournel 100. USUAL OCCUPATION (Give kind of work done drugg most of working) lie, even if refined) HOUSEWITE 13. FAIHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (iffe, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH (finter only one couse per line for (o), (b), and (c).) PART II. CHATH WAS CAUSE OB. 18. PART II. CHATH WAS CAUSE OB. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. ACTUAL SIGNATURE 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. ACTUAL SIGNATURE 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. ACTUAL SIGNATURE 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. ACTUAL SIGNATURE 20. EXTERNAL CAUSE WAS PRIMARY Clar CONTRIBUTING CAUSE OF DEATH. ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL ACTUAL ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL ACTUA	PLACE OF DEATH O. COUNTY Baltimore D. CITY OR TOWN If ourside corporate limits, work RURAL and give measures town Sed days Satisfies on the country of the co



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0775	3		CERTII	FICATE	OF	DEATH			(77	11	
1.	PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND		TATE	Where dece		itutian: Reside DUNTY	ence before	admissio	on)
	write RURAL and	If outside corporate limit I give nearest town) LShaw AL OR INSTITUTION (If no		c. LENGTH DF STAY	IN 1b	Br	OR TOWN (If at adshaw eff address		al) 212		- 13	. IS RESID	DENCE
		adshaw Road			523	Br	adshaw	Road	Bradsha	wm Md		ON A F	
3.	NAME OF DECEASED	Fi	rst	Middle		^r rar	Last	4. DATI	M	anth	Day	Yes	
1	(Type or print) SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE	D 8	. DATE	OF BIRTH	DEA	9. AGE (In years lost birthdoy)	Months	R 1 YEAR Doys	IF UNDER Hours	
10 du		(Give kind af work done	10b. KII	ND OF BUSINESS OR DUSTRY Lfemploye	d	11.BI Ba	RTHPLACE (County Ltimore DTHER'S MAIDEN	Co.	foreign country)	12. (CITIZEN OF COUNTRY?	WHAT	
		Joseph From RIN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.		NFORM/			ry Schwar eett Brad	ddress	Boad		
NO	Conditions, if any rise to immediat stoting the unde last.	e cause (a), (10 (c) AV	Terro	SCR ELATED TO T	THE TERM	FIE C	NDITION G	PSO, Vac	ge s.Di	19.	WAS AUT	OPSY LED?
CFRTIFICATION	20o. ACCIDENT WA		205. DE:	SCRIBE HOW INJURY	OCCURRED. ((Enter no	ture af injury in	Part I or I	Port II of item 18.)		1	ES 📋	NO M
MFDICAL	20c. TIME OF INJ	URY Manth, Day, Year m.	20d. IN While at wark	JURY OCCURRED Not While at wark			IURY (Hame, farr t, office.bldg., etc.		(City or town)) (0	ounty)		(State)
	saw the d	fy that (I) (this ho eceased alive on		ded the deceased	from and that	death	accurred		M, from cause	es and on		e state	we) los d above
1	20 SIGNATURE	ord to	Luci	loon	M.E). PH	ENDING S.	MED. DIRECTOR	STAFF PHYS.		DATE SIGN	67	1
1	E NAME (TYPE	LIFFOI	PDF	HUDS	ON		H	RK	j M)	> '			
2	30. BURIAL, CREMATI REMOVAL (Specify		IEREOF	Parkwoo	-				LOCATION (City or Ltimore	Town)	(County	Md - (5	Stote)
2 76	Burial 24. FUNERAL DIRECTO LONG LO	7-3-1	967 al Hon	ADDRESS ADDRESS	. (36 Ro	2So. REC			REGISTRAR'S	SIGNATUI	~ 6	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave (arb. papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after deather Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07742 07760

CERTIFICATE OF DEATH

Description County Count	0 8 8 7 0			
B. CITY OR TOWN (If acutes acrepants limits, write RURAL and give nearest town) Dowley's Quarters (20) Bowley's Quarters (20)	o COUNTY		2. USUAL RESIDENCE (Where deceased lived, if i	nstitution: Residence before odmission)
Worker BURKL and give nearest town. Sowley's Quarters (20)	Baltimore	MARYLAND		
Down of the Spiral or institution (if not in haspital, give street oddress) d. STREET ADDRESS Down of the Spiral or institution (if not in haspital, give street oddress) d. STREET ADDRESS Down of the Spiral or institution of the Spiral or	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		
NAME OF DECEASED Company Compa	Bowley's Quarters (20)		4 4
NAME OF OCCASED PURE IN LISA RANDE FORCES? S. WAS DECEASED PURE IN U.S. ARMED FORCES. S. WAS DECEASED PURE IN U.S. ARMED FORCES. S. WAS DECEASED PURE IN U.S. ARMED FORCES. S. WAS DECEASED PURE I	d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	aspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
DEATH June 6, 19 67	Box 175 Chester Rd.	Rt. 15	Box 175 Chester Rd. R	t. 15 YES NO XXX
Sex	DECEASED		OF	
DOLISHA OCCUPATION (Give kind of work done uning most of working life, even if retired) NO INDUSTRY Penna. 11. BIRTHPIACE (Gounty & Stote, or foreign country) NO Resturant INFORMANI 12. CITIZEN OF WHAT COUNTRY? Penna. S. WAS DECEASED EVER IN U.S. ARMED FORCES? Tes, no, or unknown) (It yes give wor or dotes of service) NO 13. CAUSE OF DEATH (Enter only one couse per line for (a) (b)), and (c) PART I. DEATH WAS CAUSED by MINERAL CAUSE (a) DUE TO CONDITIONS (b) CONDITIONS (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHE			D DATE OF DIDTH O ACE (In ve	OFF THE LINDER LYFAR THE LINDER 24 HDS
DIG. ISSUAD CCUPATION Give kind of wark date uning mast of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Penna. 12. CITIZEN OF WHAT COUNTY Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. ACUSE OF DEATH (Enter only one cause per line for (o) (b), and (c) PART II. OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTING TO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO OS CONTRIBUTION GO ACID FOR THE REMINAL DISEAS	Female White W	IDOWED DIVORCED	Oct. 21, 1912 54 birtho	Yrs. Manths Days Haurs Min.
3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 7. S. WAS DECEASED FYER IN U.S. ARMED FORCES? 7. NO, or unknown) [lift yes give wor or dottes of service] 8. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 18. CAUSE OF DEATH (Enter only one couse per line for (o) 19), and (c) 19. WAS AUTOPSY 1	10o. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR) 12. CITIZEN OF WHAT
14. MOTHER'S NAME 14. MOTHER'S MAIDEN NAME 7. INFORMANT 3. 3. 3. 3. 3. 3. 3. 3		Resturant	Penna.	USA
16. SOCIAL SECURITY NO. 17. INFORMANT 18. INFORMANT 18	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
16. SOCIAL SECURITY NO. 17. INFORMANT Address 210 01 4266 James R. Fry Same 16. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. SOCIAL SECURITY NO. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same 18. Social Security No. 210 01 4266 James R. Fry Same	K4	rsch	?	
18. CAUSE OF DEATH (Enter only one cause per line for (o) (b)), and (c)) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address
18. CAUSE OF DEATH (Enter only one cause per line for (o. 16)), and (c) PART I. DEATH WAS CAUSED BY: 10. DEATH WAS CAUSE OBY: 10. DEATH WAS CAUSED BY: 10. ONE TAND DEATH		210 01 4266 Ja	mes R. Frv Same	
DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. DUE TO Conditions (contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Perrormed.	18. CAUSE OF DEATH (Enter only one cause per		0.50	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19		Cerrhons	of hwe	ONSET AND DEATH
Stating the underlying couse Color	1 6 6 7	0 . 0	el.	
Stating the underlying couse (c)		Cancel of	worth	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Yeor Hour am. 19 While Not While of work of the deceased from Mark of the deceased drive and the date stated drawer. 21. I certify that (I) (this haspital) attended the deceased from Mark of the deceased drive and the date stated drawer. 220. SIGNATURE 221. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. DATE SIGNED 224. ADDRESS 225. DATE THEROF Cardens of Faith Cemetery 226. DATE SIGNATURE 227. SIGNATURE 228. DATE THEROF Cardens of Faith Cemetery 229. GEGISTRAY SIGNATURE 220. Male 220. Male 220. Male 220. SIGNATURE 220. DATE SIGNATURE 221. DATE THEROF Cardens of Faith Cemetery 220. RECORD BY REGISTRAY SIGNATURE 221. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 222. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 223. LOCATION (City or Town) 10. Caunty) 10. Caunty) 10. Caunty) 11. Certify that (I) (this haspital) 12. Cardens of Faith Cemetery 12. DATE THEROF 13. DATE THEROF 14. Cardens of Faith Cemetery 15. DATE THORNO 16. Cardens of Faith Cemetery 17. DATE THORNO 18. DATE THORNO 19. Cardens of Faith Cemetery 19. Cardens of Faith Cemetery 250. DATE SIGNATURE 261. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 262. PHYSICIAN SIGNATURE 263. RECORD BY REGISTRAY SIGNATURE 264. FLAVER SIGNATURE 265. PHYSICIAN SIGNATURE 266. PHYSICIAN SIGNATURE 27. PHYSICIAN SIGNATURE 27. PHYSICIAN SIGNATURE 286. PHYSICIAN SIGNATURE 270. PHYSICIAN SIGNATURE 271. PHYSICIAN SIGNATURE 272. PHYSICIAN SIGNATURE 273. PHYSICIAN SIGNATURE 274. PHYSICIAN SIGNATURE 275. PHYSICIAN SIGNATURE 275. PHYSICIAN SIGNATURE 276. PHYSICIAN SIGNATURE 277. PHYSICIAN SIGNATURE 277. PHYSICIAN SIGNATURE 278. PHYSICIAN SIGNAT				
PERFORMED? YES NO	last. (c)			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 21. I certify that (I) (this haspital) attended the deceased from Mark of the deceased from Mark occurred at Mark of Injury (Hame, form, factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Mark occurred at Mark occurred at Mark of Injury (Hame, form, factory, street, office bldg., etc.) 22. SIGNATURE 22. SIGNATURE 22. SIGNATURE M.D. ATTENDING MED. 22. PHYSICIAN'S NAME (Type) INVINOR DECK 22. ADDRESS 22. ADDRESS 22. ADDRESS 22. ADDRESS 22. LOCATION (City or Town) (County) (Stote) 23. BURIAL (REMATION, PRINCIPLE) (County) (Stote) 24. FUNERAL DIRECTOR 25. ADDRESS 25. RECO. BY REGISTRANT, SIGNATURE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19 20d. INJURY OCCURRED While at wark at wark factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased at the deceased from the deceased from the deceased at the deceased at the deceased from th	ATIO	They		
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 20d. INJURY OCCURRED While at work at work of the deceased from Month, Day, Year Hour a.m. 19 21. I certify that (I) (this haspital) attended the deceased from Month, Day, Year at work at work of the deceased from Month, Day, Year factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased from Month, Day, Year factory, street, office bldg., etc.) 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. 221. DATE SIGNED 222. PHYSICIAN'S NAME (Type) RVING DECK 222. PHYSICIAN'S NAME (Type) RVING DECK 223. BURIAL, (REMATION, REMOVAL (Specify) 6/19/67 Gardens of Faith Cemetery Baltimore Co. Molecular Company (County) (Stote) 224. FUNERAL DIRECTOR 225. DATE THEREOF Gardens of Faith Cemetery Baltimore Co. Molecular Company (Stote) 226. PLACE OF INJURY (Hame, form, port, office bldg., etc.) 227. CEGISTRAP SIGNATURE 228. DATE SIGNED 239. DATE THEREOF Gardens of Faith Cemetery Baltimore Co. Molecular Company (Stote) 24. FUNERAL DIRECTOR 250. DATE SIGNATURE 260. PLACE OF INJURY (Hame, form, port, office bldg., etc.) 261. City or town) (County) (Stote)	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I ar Port II of item	18.)
21. I certify that (I) (this haspital) attended the deceased from Many 1967, that (I) (we) lass saw the deceased alive an 1965, and that death occurred at 37 M, from causes and an the date stated abave 220. SIGNATURE 220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. Control of PH	20c. TIME OF INJURY Month, Day, Yeor			wn) (County) (State)
21. I certify that (I) (this haspital) attended the deceased from May 1967, that (I) (we) lass saw the deceased alive an 1965, and that death occurred at 377 M, from causes and an the date stated abave 220. SIGNATURE 220. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. DIRECT	Hour a.m.		ory, street, office bldg., etc.)	
220. SIGNATURE Way Blek M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED	21. I certify that (I) (this haspinal) attended the deceased from	t death occurred at 3 M. from co	
ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ATTENDING ADDRESS AME OF CEMETERY OF CREMATORY 22d. ADDRESS AME OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cardens of Faith Cemetery Baltimore Co., Md. ADDRESS 23d. RECO. BY GEGISTRAPS. SIGNATURE 23		17037 0110 1110	7	22b. DATE SIGNED
NAME (Type) NAME (Type) RVINGIL BECK GOI FULL LIGHT MALL TO LIGHT MALL Sa. BURIAL CREMATION, REMOVAL (Specify) BUT 12 (Specify) 6/19/67 Gardens of Faith Cemetery 23d. LOCATION (City or Town) (County) (Stote) Baltimore Co., Md. ADDRESS 22q. REC. D. BY GEGISTRAP SIGNATURE.	Sough	Blek M.	D. PHYS. 🔟 DIRECTOR 🗀 PHYS	
REMOVAL (Specify) Burial 6/19/67 Gardens of Faith Cemetery Baltimore Co., Md. 24. FINERAL DIRECTOR ADDRESS 250, REC. BY GEGISTRAPS, SIGNATURE 24. PLOTE OF BY GEGISTRAPS, SIGNATURE 250, REC. BY GEGISTRAPS, SIGNATURE		BECK	901 Fuselyller	Malt rolly
24. FUNERAL DIRECTOR 250 REGISTRAPS SIGNATURE	DEMONIAL ICILA			, , , , , , , , , , , , , , , , , , , ,
	Burial 6/19/67		aith Cemetery Baltimor	
James E. Bruzdzinski 1407 Eastern Ave.	24. FUNERAL DIRECTOR	2141	25q. REC.D BY BEGISTING 7	COEGISTRAD'S SIGNATURE
	James E. Bruzdzinski)14	+07 Eastern Ave.	DATE IT IS IS IS	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please reprove carbon papers. Pages 3 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in Iny event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Iny event. Page 4 may be retained by the hospital ar attending physician.

Couley's Commons Local

Hox 17 thuster Rd. No. 15 | Son 175 Chester wh. Mr. 155

edit-muit

W SOI, I .. 192 SA

.Ander Susresuell service

MARS of the second of the seco

aus til ... smal dåse 10 ofs

rita ofenoz

Tind Chapters.

(Ob) system a selection

6/1/67 Deronds of Falth Complemy delthrore Co., 381.

Jeens L. Bruss usset lac? testorn Ave.

PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH e. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) director. Page or your files. b. COUNTY to MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write PURAL and give nearest town) PIERCE SON OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. NAME OF HOSPITAL ON A FARM? YES NO PO Dey NAME OF Middle 1, 2, and 3 to the rige 5 may be retained 2 with the 5t within 72 hours DECEASED June 21. DEATH (Type or print) 19 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED THEVER MARRIED last birthdey) Months WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY rould be executed within 24 hours aft "in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 burial-transit permit. File pages 1 and done during most of working life, even if retired) (astle, New Brunswick. Own Home anada Houseville 13. FATHER'S NAME in any Annie Goodlellow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive, werordates of service) David Gallant, Husdand Fort Tierce. certificate should be executed None NO INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] removal ONSET AND DEATH PULMONARY EDEMA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) RTERIOSCLEROTIC CARDIOVASCULAR DISEASTE 5 YRS. 0 caminer's Offi used as a but cremation, c Conditions, if eny, which "pending" geve rise to immediate ceuse Examiner' DUE TO (a), steting the underlying pesn couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION he certificate, writing the word 'towarded to the Chief Medical Ex L DIRECTOR: Page 3 should be udesignated agent, prior to burial, PERFORMED? NO Z 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) Not While While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion Suicide death resulted from: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER please exect 4 should be for FO FUNERAL I Health or its de DATE SIGNED ASSISTANT MEDICAL EXAMINER M D SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT Address (Sired, city, town, or county) NAME (Type) 22d, LOCATION (City. (Stete) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 0 June 25, 1967 Miramichi (emetery astle. New Brunswick. Removal Burial anada

VR A15ME 5M 1/62

John Burns Jons. Towson. Maryland

THE RESERVE OF THE PARTY AND AND ADDRESS. AND THE RESERVE water Amarian Told In her Miles Vienn COURT SERVE - WAS PROSESSED IN COMME

Baltimore, Md. 21207

24 haurs after death. the funeral hours filled etely event. como any ond and certificate remayal. ъ burial, crematian, signed by the burial-transit certificate detached DIRECTOR: After director, page 3 shauld shauld be filed with the FUNERAL 2

a. COUNTY

NAME OF

YES

SEX

DECEASED

Service and the service of the servi

TANK TANK TELEVISION

CHARITS STORGLAS GARTON LARV

The same of the sa

YER NOW-12 OF THE MILE OF THE GLIN. TRO., WAR, ST. HOMERO, MAYLAND.

CARCITONA TOWNSHIP AREL, ISPT.

SALMEDIN ARON

June 19 67 June 19 67 June 19 67 June 19 67 A

JUNCH A. SERRARA, M.L. VAH, BORF HURARD, MURITARD

There's Live and the state of t

Radiologie, M. 21227

A. I. U. A. RIELDHEV . VON PERONE . U. I. A. A.

XX

10 01 0 4

7 7

THOMAS O. O EMICHE

TATELLIS ADMINISTRATION HORSELL 1925 81. PAID TRIPLE

PORT TOWARD S Bro. 35 Min. BATTLOOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07763	CERTIFICATE	OF DEATH		07745
1. PLACE OF DEATH O. COUNTY BALTO	MARYLAND	a. STATE Md	b. COUN	BALTO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	TIMON	ide carparate limits, write RUR	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in	IES .	d. STREET ADDRESS	ENIUM R	O. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ELEANOR	G. GIAR	TH	DEATH	VE 15 1967
7 W V	WIDOWED DIVORCED	3. DATE OF BIRTH $3/3v/93$	9. AGE (In years last birthdoy) Yrs.	Months Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (County & :		12. CITIZEN OF WHAT COUNTRY?
HARVEY NICOD	EMUS	14. MOTHER'S MAIDEN NA EMINA (C)	ARRETT	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates of ser	De De	NFORMANT NALD C	Addre 1ARTH	son
T DUE TO	Permeho-preser	nonia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause act.	arterioselisation Co	hage erdic Vasent	Designa	3 mr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Pa	rt I or Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	While Nat While of work of two starts	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that (I) (this hespital saw the deceased alive an	H) attended the deceased tram	death accurred at	67, to 6-15 212 M, fram causes of	and an the date stated above.
220. SIGNATURE	Follager M.D		ED. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Wilmer K	Gallager	6209 Frede		Temen, 28, md
230. BURIAL, CREMATION, 23b. DATE THEREO	7 ROSE HILL		23d. LOCATION (City or Tov	PA.
24. FUNERAL DIRECTOR 301	FREDGRICK RL			SISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hoy

ond 2

heral

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in only exent, within 72 haurs after death. Poge 4 moy be retained by the hospital or ottending physicion.

BILLIA SE STATE DE SELECTION DE

9

FOR STATE HEALTH DEPT. 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages 1 and 2 with the State Department of Health prior to buriol, cremation, or removal, and in any event within 72 hours after death. ony deloy necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL** W. PRESTON STREET, BALTIMORE, MARYLAND 21201 RECORDS, 301

	07764	MEDICAL EXAMINER	S'S CERTIFICATE	OF DEATH	07	748		
1. 1	PLACE OF DEATH D. COUNTY BALtimore	MARYLAND	O. STATE MANY		Residence before odmission) Baltimore			
I	o. CITY OR TOWN (If autside carporate limits, write RIPAL and give gearest town)	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore				
(name of Hospital or Institution (If not in 3326 Washington Bl.		d. STREET ADDRESS 3326 Was	hington Blvd.#	21227	e IS RES ON A YES	FARM?	
	NAME OF First DECEASED Type or print) Patricia	Middle	Gilbert	4. DATE Mont OF JU	ine 4	1	ear 67	
S	R White	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 2/3/1946	9. AGE (In yeors lost birthdoy) yrs.		oys Haurs	Min.	
duri	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Bookkeeper FATHERS NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote Maryla 14. MOTHER'S MAIDEN	and	12. CITIZE COUN	N OF WHAT	s.	
	Kermit Gimmel WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	Margare	et Dowd	nee.			
(Ye	(If yes give war ar dotes af sen No 18. CAUSE OF DEATH (Enter only one cause pe	vice)	James H. Gi	ISDAILU	e as I	Item :		
	IMMEDIATE CAUSE (a) _ DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last. (c) _	Multiple gunsho	O WOULD					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19. WAS AU PERFOR YES 🎮	TOPSY MED? NO	
L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	Shot during ass	RED. (Enter noture of injury in ault and robb	Port I or Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o.m. 6/4/ 19 67	While Not While	PLACE OF INJURY (Home, fare foctory, street, office bldg., etc	m, 20f. (City or town)	(County Balti	w) more,M	(Stote)	
	21. I certify that I taok charge of death resulted fram: Naturol co	the remains described abave	Suicide , Homicide CHIEF MEDICAI M.D. ASSISTANT MEI DEPUTY MEDIC	Undetermined m L EXAMINER DICAL EXAMINER	Jiry,	and in my		
	Burial cremation, REMOVAL (Specify) Burial 6-7-67	Parklawn	Cemetery	23d. LOCATION (City or Town Rockvill D BY REGISTRAR 25b. RE	,	- "	(State)	
R	OBERT A. PUMPHREY	Bethesda, Ma	ryland 250. REC	11/2	GISTRAR'S SIGN	Judge	L	

VR A15ME 6M 1/67

72 Commence of the control of the co

The state of the same of the s

, 年間直接。

Some I was a second of the sec

graduline sand Signature of the con-

Buttlemid a Lievalous of granese transfer Fig. 7-1 forces netraliying about to be to the state of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
07765	CERTIFICATE	OF DEATH	0	7747	1/2/				
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	re deceased lived, if institution: b. COUNTY	Residence before a	dmission)				
Baltimore County b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b		e carparate limits, write RURAL a	and give nearest to	iwn)				
write RURAL and give nearest tawn) Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g	ive street address)	d. STREET ADDRESS	nore	30.5	S RESIDENCE ON A FARM?				
Mount &Wilson State Ho		8=5 N.	Milton A	ve YES	☐ NO 🗷				
3. NAME OF DECEASED (Type or print)	Middle FYANCIS	Gillespie 4.	OF DEATH	1 6	Year 19 6 7				
5. SEX 6. COLOR OR RACE 7. MARRIED 1/a/e 20/h/fe WIDOWED		DATE OF BIRTH			UNDER 24 HRS. Haurs Min.				
during most of working life, even if retired) INI	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & St	tate, ar fareign country)	12. CITIZEN OF W. COUNTRY?	HAT				
13. FATHER'S NAME	Freight	14. MOTHER'S MAIDEN NAM	AE PO	owell XXXXXX	Rov				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give war ar dates of service)	SOCIAL SECURITY NO. 17. III	NFORMANT	Address	Boons					
No 12/		cords, Mou	nt Wilson St		spital				
18. CAUSE OF DEATH (Enter anly one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bronchoz	menmo	nea		AND DEATH				
Conditions, if any, which gave) (b)	lyonic P.	ulmoner	on triber	no con	nea				
rise to immediate cause (a), stating the underlying cause lost.			1						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(a)	19. WA PEI YES	AS AUTOPSY RFORMED?				
20g. ACCIDENT WAS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part	t I or Part II of item 18.)	765	NO L				
20c. TIME OF INJURY Month, Day, Year 20d. IN		E OF INJURY (Hame, form,	20f. (City or town)	(County)	(State)				
p.m. 17 grwark	at work	ary, street, affice bldg., etc.)		10 67 Ab	(1) () 1-				
21. I certify that (I) (this haspital) attends aw the deceased alive an	19 <u>67</u> , and that	death accurred at		an the date s	(1) (we) 1d stated abav				
220. SIGNATURE Muvemer	M.D	ATTENDING ME	ED. STAFF PHYS.	22b. DATE SIGNED					
Wm. NAMNTER comer, M.D., S	uper intender	22d. ADDRESS Mount Wi	Ison, Maryla	nd					
23g. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town) Baltimore,	(Caunty)	(State)				
Schimunek Funeral Home,	Gardens of F	25a REC'D BY		RARY SIGNATURE	ge				
2601 E. Madison St.		DATE	0 1001	0	/				

bon and loss is the bondered the transfer of the country Tage - ships Layer - The Held

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07766

CERTIFICATE OF DEATH

67748

311						0 4 4 2				
Jī.	PLACE OF DEATH				(Where deceased lived, if ins	titutian: Residence L	pefore odmission)			
	o. COUNTY Baltimore		MARYLAND	o. STATE Maryland b. COUNTY Prince George's						
	b. CITY OR TOWN (If autside carparate lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporote limits, write	RURAL ond give ne	agrest town)			
	write RURAL and give nearest tawn) Catonsville			Brandywi	ne	,	1. 2			
	d. NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital,	give street address)	d. STREET ADDRESS			e. IS RESIDENCE			
	Spring Grove Sta	te Hosp	ital	8 Church	Road		ON A FARM? YES NO			
3.	DECEASED	herine	Middle A.	Gilligan	0.5	Month June 18	Day Year 19 67			
S.	SEX 6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	S IF UNDER 1 YE				
	Female White	WIDOWED	DIVORCED	Jan. 16, 1	898 69 yr	Months Do	ays Hours Min.			
	la. USUAL OCCUPATION (Give kind of work dan uring mest of working life, even if setired)		IND OF BUSINESS OR		ty & Stote, or foreign country)	12. CITIZE	N OF WHAT			
-				New York		U.S.	.A.			
	3. FATHER'S NAME	_ ^		14. MOTHER'S MAIDEN						
-	Andrew Gilligan	2 1/	COCIAL SECURITY NO. I	Catherin						
	S. WAS DECEASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) (If yes give war ar dates	of service)		7. INFORMANT		ddress	Sep Office			
		0	97-01-0470	Records: Spr	ring Grove St.	ate Hospi	INTERVAL BETWEEN			
	18. CAUSE OF DEATH (Enter only one co	ouse per line far			Days					
	IMMEDIATE CAUS	E (a)	ARDIAC +H	LURE	4-	247	ONSET AND DEATH			
		E TO	200000000000000		Lrealer					
	Conditions, if any, which gave rise to immediate cause (a),	(b)	neumonia -			ceks	a cerij			
	stoting the underlying cause last.	(c) S	Presplized	Artenis de	- 81207	122	ryens			
NOI	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a		19. WAS AUTOPSY PERFORMED?			
FIRE	20g. ACCIDENT WAS UNDERLYING	20b DE	SCOIBE HOW INTERP OCCUPA	FD (Enter nature of injury in	Port I or Part II of item 18.	1	YES NO A			
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. 00	SCRIBE HOW INJURY OCCUR	to. (timer nations of impory in	From For Fair II of Hem 16.					
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year	20d. I		PLACE OF INJURY (Home, far) (County	(State)			
MED	Haur o.m.	While at wor		foctory, street, office bldg., etc	c.)					
	21. I certify that (the this ha			Jan. li	1967 to JUN.	19 1967	, that \$1) (we) last			
	saw the deceased alive an_	JUNE	18 1967, and 1		t 3399 M, fram caus	es and an the	date stated above			
Г	22a. SIGNATURE	1)./		ATTENDING -		22b. DATE	SIGNED			
	Delorge	1 (our	k	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	DI JUN	-18-67			
	22c. PHYSICIAN'S NAME (Type) GEORGE	Roc	lon -	22d. ADDRESS	Spring Grove	State Ho	ospital			
22	BO. BURIAL CREMATION. 23b. DATE TO	TEDEOE.	23c. NAME OF CEMETERY		nore, Marylan					
23	Bo. BURIAL, CREMATION, 23b. DATE TO BURIAL (Specify) 6-20-3		St Mary's C		23d. LOCATION (City of Piscatway		unty) (State)			
-		Vilhelm				REGISTRAR'S SIGN				
1	4308 Suitland Road	Suit					as Judge			
				DATE V	OU T ISOI	1	- Karak			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely-filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2—shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66 Certification (College of College on the first of the state of th Hel mi stand

•

P.M.3. Page any delay is

in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after death. If

TAL EXAMINER:

TO DEPUTY M

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL DESEADOL 201 W DDECTON CIDEET BALTIMODE MADVIAND 21201

FOR STATE HEALTH DEPT

the Store Deportment of the W.W

hours ofter Health or its designoted agent, prior to burial, cremation, or removal, and in any event w 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form necessory, please execute the certificate, writing the word "pending"

VR A15ME (\$)

07767			ICAL EXAMINE				0.7	7749	
PLACE OF DEATH O. COUNTY	Baltimo	ore	MARYLAN	o. STATE		ere deceosed lived, if i	nstitution: Resi	altimore	nission)
write RURAL an	If outside corporate limits d give nearest tawn) LMOP C		c. LENGTH OF STAY IN 18	Bal	ltimore	le carporate limits, wr	ite RURAL and	give nearest tow	n) 4
	TAL OR INSTITUTION (If no		give street oddress)	d. STREET A					RESIDENCE A FARM?
Balto	. Co. Gen. I	Hosp.		320	03 Taney	y Rd.			NO X
3. NAME OF DECEASED (Type or print)	Fir Jos e		Middle	Glazer		DATE OF DEATH JU	Month	Day 18	Year 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF B		9. AGE (In ye	ors IF UND		NDER 24 HRS
Male	White	WIDOWED	DIVORCED [Aug. 5,	1908	lost 8 irtho	doy) Month	s Doys Ha	urs Min.
during most of working Auto Re	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	Balt	PLACE (Stote or i	Md.	12.	COUNTRY? U.S.A.	ī
13. FATHER'S NAME					R'S MAÎDEN NAM	ΑE			
Kasire				Anna	1				
(Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f convice)	50CIAL SECURITY NO. .7-32-8939	17. INFORMANT Barbara	Glazer,	3203 Tane	Address y Rd.,	Balto.,	Md.
Conditions, if ony rise to immedia: stoting the under	te couse (o), DUE	(o) C TO (b) TO (c)	Coronary Arto					ONSET AF	
PART II. OTHER S	IGNIFICANT CONDITIONS CO	ONTRIBUTING 1	TO DEATH BUT NOT RELATED	D TO THE TERMINAL	DISEASE CONDIT	TION GIVEN IN PART I	(0)	19. WAS PERFO YES	AUTOPSY ORMED? NO
200. EXTERNAL C/C PRIMARY or CO CAUSE OF DEATH. 2Dc. TIME OF INJ Hour o.i		20b. DE	SCRIBE HOW INJURY OCCUP	RRED. (Enter noture	of injury in Port	t I or Port II of item	18.)		
2Dc. TIME OF INJ Hour o.I	URY Month, Doy, Yeor m. none 19	2Dd. If While ot work	Not While	e. PLACE OF INJURY foctory, street, off		2Df. (City or to	wn)	(County)	(Stote)
21. I certif	y that I taak charge	e af the ren	nains described abav	e, held an Auta	ipsy [], 1	Inspection 🕱,	Inquiry 🖈	, and in r	ny apinia
death resul	ted fram: Natura	l causes	Accident ,	Suicide	Hamicide []. Undetermin	ed manner		
ACTUAL SIGNATURE	2.2. 6	yles	2 , m 8.	M.D. AS	HEF MEDICAL EXA SISTANT MEDICAL	L EXAMINER		22. D.	ATE SIGNED
EXAMINER'S NAME (Type)	· · · · · · · · · · · · · · · · · · ·	es, M.		Hanover	PUTY MEDICAL E	vister stow		6-1	9-67
230. BURIAL, CREMATION REMOVAL (Specify	1 6/19/1	REOF 967	23c. NAME OF CEMETER	Y OR CREMATORY SRAG	-	23d. LOCATION (City BALTO		(County)	(Stote)
24. FUNERAL DIRECTO)R	Nc. C	ADDRESS FIARRISON /	7)	2Sa. REC'D BY		Sb. REGISTRAR	'S SIGNATURE	

Eg. MILL OF THE REAL PROPERTY OF THE PARTY. . The second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07768

OMMYNA

			CERTIFICA	IL OI DEATH			0 6 6	DU	
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where dece	eosed lived, if institu	utian: Residen	ce befare adm	ission)
a. COUNTY	imore		MARYLAND	o. STATE Marylan	a	b. CO	Balt	imore	
	(If autside carporate limi	ts.	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		arate limits, write R	URAL and give	neorest tawr	n)
write RURAL a	nd give nearest tawn)	,	_	_		, , , , , , , , , , , , , , , , , , , ,	3	4 6 4	100
Towson		12 1 2 2 1	5 years	d. STREET ADDRESS				J o IS D	RESIDENCE
d. NAME OF HOSP	TAL OR INSTITUTION (If n	of in hospitol,	give street address)					e. IS K	A FARM?
St. Jo	seph's Hosp	ital		21 Linde	n Teri	race #212	204	YES	NO X
3. NAME OF DECEASED	F	irst	Middle	Lost	4. DATE	Mo	nth	Day	Year
(Type or print)	Jose	ph	Bernard	Gocke	DEAT	тн	ine	29	1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1		NDER 24 HRS.
Male	White	WIDOWED	DIVORCED [June 10.	1901	last birthdoy) 66 yrs.	Months	Doys Hau	urs Min.
	N (Give kind of work done	10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Coun				IZEN OF WHA	Ī
during most of working			IDUSTRY					UNTRY?	
13. FATHER'S NAME	Const. Equ	ipa Co	Const. I	Equip. Graft	NAME	est virgi	nua		
	Whiteholder		+ 00-1-0			n n Makka			
	rge XXXXXXX			17. INFORMANT	Cy Agr	es Matti	ress		
(Yes, na, ar unknown)	(If yes give wor or dates	of service)							
no		4	212-09-2201	Mrs. M.F. Go	cke	same as	2		
	DEATH (Enter only one co							ONSET AN	BETWEEN
PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Acu	te coronary	thrombosis, 1	eft c	oronary a	artery	ONSET AL	ID DEATH
420	DUI	E TO							
Canditians, if an		(b)							
rise to immedia		E TO							
last.	errying coose	(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS		TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION G	IVEN IN PART 1(o)		19. WAS	
NO Common						(,,		YES DX	ORMED?
S COPONAL	ry insuffic: AS UNDERLYING□		ECCDIDE HOW INITIDY OCCUPE	RED. (Enter noture of injury i	n Port Lor P	Part II of item 18)		I ID W	, 110
OR CONTRIBUTIN	G CAUSE OF DEATH	200. 0	SCRIBE HOW INJURY OCCUR	CLD. (Ellier notore of injury i	11 1011 1 01 1	Off II Of Hell 15.)			
= (II ETITIER, NOTI	Y MEDICAL EXAMINER) JURY Month, Day, Year	20d I	NJURY OCCURRED 20e.	PLACE OF INJURY (Home, fo	rm. 20f.	. (City or town)	(Cor	unty)	(Stote)
Hour	i.m.	While	Not While	factory, street, office bldg., et		,		17	(
P	i.m. 19	UI WO		Tuna 22	10.67	· Juno	20 10 6	27 11	N / N /
21. I cerl	tity that (1) (this ho	spital) atten	ded the deceased tran	June 22,	19.07.	10 oune	= 7 , 19 C	ST, that h) (we) 10:
		June 2	14 P.Y, and	that death occurred o	TU;50	My Irom couses		TE SIGNED	ned obov
22o. SIGNATURI		100	l.	ATTENDING	MED.	STAFF I		e 30,	7067
	\ <x< td=""><td>July</td><td></td><td>M.D. PHYS.</td><td>DIRECTOR</td><td>PHYS. L</td><td>x Jun</td><td>10)0,</td><td>1707</td></x<>	July		M.D. PHYS.	DIRECTOR	PHYS. L	x Jun	10)0,	1707
22c. PHYSICIAN NAME (Typ	Reynaldo	Orjuela	-Gomez, M.D.	22d. ADDRESS 7620 Yo	rk Rd.	., Towson	, Md.	21204	
23a. BURIAL, CREMAT		HEREOF	23c. NAME OF CEMETERY	OR CREMATORY .	23d.	LOCATION (City or 1	lown)	(County)	(Stote)
REMOVAL (Speci	July	3,1967	Dullaner Wa	lley Cemeter	1	Coskevsv	ille.	Marylan	d
24. FUNERAL DIRECT	OR	, ,	ADDRESS"	2So. RE	C'D BY REGIS	Cockeysy STRAR 12Sb.	REGISTRAR'S S	IGNATURS	100
Wm. Cook	-Brooks To		50 York Road	DATE	UL 3	196/	Juan	Cas Jun	0
		To	woon. Maryle	nd				4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, which 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

,

Donate line of

And the state of t of the satisfication of the sa

City of Amore without the course to the coroner attempt

Manager and the second of the

1967

DUSY Z I

OL LEVINSON & BROS INC. 6010 Reist Rd.

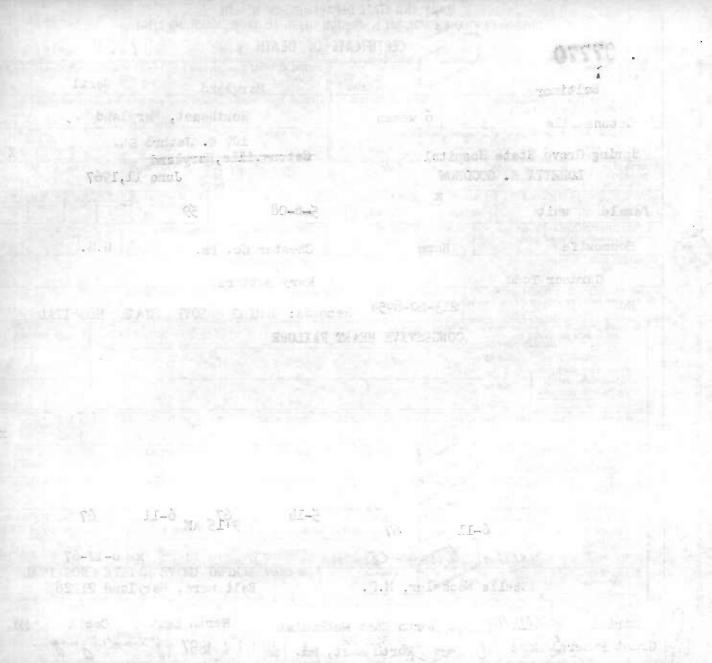
PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death

VR A15 (4) 25M 1/67 VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

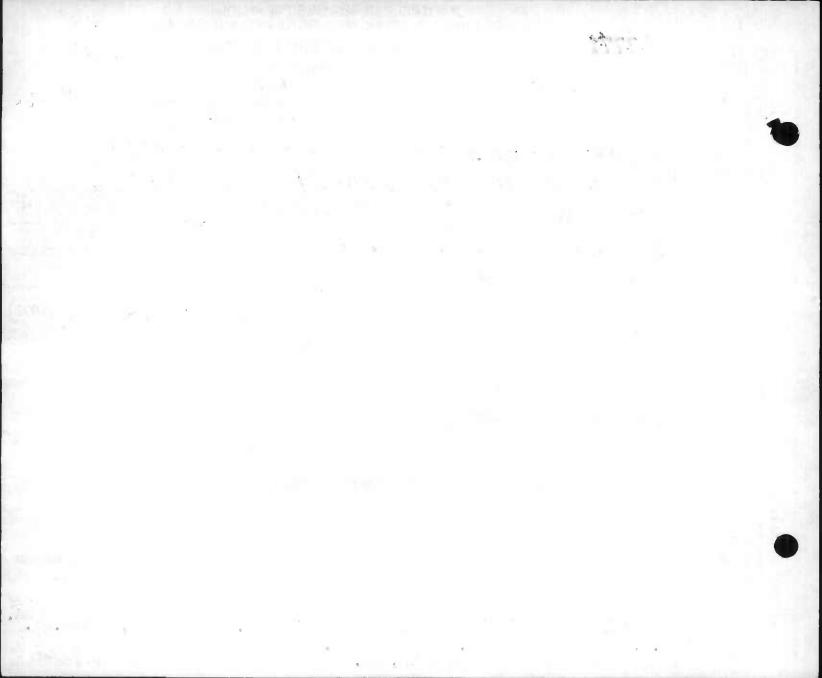
07759

0///	CERTITICATE	OI DEATH	0 8	100	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dec			re odmission) /
o. COUNTY Baltimore	MARYLAND	o. STATE Marylan	b. COUI	VIY Cecil	./
 b. CITY OR TOWN (If outside corporate limits. 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp	porote limits, write RUI	RAL and give neare	st town)
write RURAL and give nearest town)	6 weeks		east, Mar		100
d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		7	e. IS RESIDENCE
		107 E	. Jethro	St.	ON A FARM?
Spring Grove State I		- Carton and district	Moni		YES NO X
3. NAME OF DECEASED (Type or print) LORETTA: E. GO	DODNOW! Middle	Lost 4. DAT OF DEA		1,1967	y Year 19
S. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
female white	WIDOWED DIVORCED	5-8-08	59st birthdoy)	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or		12. CITIZEN O	F WHAT
during most of working life, even if retired) Housewife	Home	Charten Co D		U.S.	1
13. FATHER'S NAME	HOME	Chester Co. P	8.	0.0.	
Gardner Todd					
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	Mary Batters	Addre	Arr.	
(Yes, naros unknown) (If yes give wor or dotes of se	ervice) 272 20 SOEL				
	ne c	cords: SPRING G	ROVE STA		
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:	per line for (a), (b), and (c).)	FAILURE			TERVAL BETWEEN ISET AND DEATH
IMMEDIATE CAUSE (o) 4/34// DUE TO	CONGESTIVE HEART	FALLURE			SET AND DEATH
Conditions, if ony, which gove) (b)					
rise to immediate couse (a),					
stoting the underlying couse (c)				14.23	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	PIRITING TO DEATH RUT NOT PELATED TO	THE TERMINAL DISEASE CONDITION C	IVEN IN DADT 1/a)	110	WAS AUTOPSY
NOLEY COMPINED COM	KIBOTINO TO DEATH BOT NOT KEEKIED TO T	THE TERMINAL DISEASE CONDITION O	TAEN IN LAKT 1(0)		PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or I	Port II of item 18.)		
20c. TIME OF INJURY Month, Doy, Yeor		CE OF INJURY (Home, form, 2DF ory, street, office bldg., etc.)	(City or town)	(County)	(Stote)
≥ p.m. 19	ot work at work				
21. I certify that (I) (this haspite saw the deceased alive on	al) attended the deceased from	death occurred of 9+15	M. from causes	, 19 <u>67,</u> th	nat (I) (we) la
220 SIGNATURE	/			22b. DATE SIGN	
	wachsley M.C	Title.			
22c. PHYSICIAN'S NAME (Type) Stella	Wachsler, M.D.	22d. ADDRESS SPRING Baltim	GROVE S		SPITAL 28
23o. BURIAL, CREMATION, 23b. DATE THEREC	DF 23c. NAME OF CEMETERY OR		LOCATION (City or To		(Stote)
REMOVAL (Specify) Burial 6/14/67	Month Best 35	-	th East	Cecil	Md.
24. FUNERAL DIRECTOR	North East Me	thodist 250, REC'D BY REGI			
Grant Funeral Home	North East	1 11111 1 4 4	1967 Jec	GISTRAP'S SIGNATUI	The same



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07771 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY o. STATE 0 ALTIMORE Page MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and P.M3. F write RURAL and give negrest tawn BALTIMORE after d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Office olong with form hours WARDMAN RD. ON A FARM? State [24 hours ofter death. NAME OF First 4. DATE Year DECEASED the Within (Type or print) DEATH with SEX NEVER MARRIED 9. AGE (In years IF UNDER Months birthdoy) Days Hours DIVORCED WIDOWED ond 2 event in Item 1 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OF during most of working life, even if retired) COUNTRY? GASKELECCO SUPERVISOR word "pending" in pencil in the Chief Medical Exominer's podes 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within .⊑ GEORGE. FORNOFF BERTHA puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or upknown) (If yes give war or dates of service removol. GRAGEY 1.2. -05-4053 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: ar IMMEDIATE CAUSE (o' This certificate should to certificate, writing the word should be forwarded to the Ch cremation, DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUF TO 0 stoting the underlying couse lost. burial, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II) of item 1B.) its designoted ogent, prior 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge Page . of work at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry Z and in my opinian Inspection death resulted fram: Natural causes 12 Suicide the funeral director. Accident Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY Heolth or Address (Street, city, fown, or county) NAME (Type 23o. BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 REMOVAL (Specify) Balto Moreland Memorial Parkville, Burial 2Sg. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sons Co. 4905 York Rd. VR A15ME 6M 1/66 Baltimore 12.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hodesth. Page by the retained by the hospital or attending physician. TO FUNERA STRECTOR: After this certificate has been signed by the attending physician and complete alled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

ž	- 0
4	٠ ي چ
2	.E -
E	9 8
-22	E a
-	vi .
ě	9
JC.	De le
×	0
Ф	58
Δ	E IS
9	9 0
ij	S. E.
Ē	N. S. F.
2	400
£	es es
9	무이
0	9 5
ŧ	te he
to o	0
# 6	= =
es Cla	À E
Li.	2 2
24	Sit
> 0	Sign
Je di	등학
9 5	a in
丰丰	Se ud
7	E 0
A -	中士.
당음	as a
SIS	TT.
24	8 5.
日中	· 5 -
rn >	= P
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hory be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and complete. Alled in by the hould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and
Di	A to
Z.S	# TO .
TE	03
Ho	E P
A. D	H C
PG >	A C

VR A15 (4) 15M 7/61

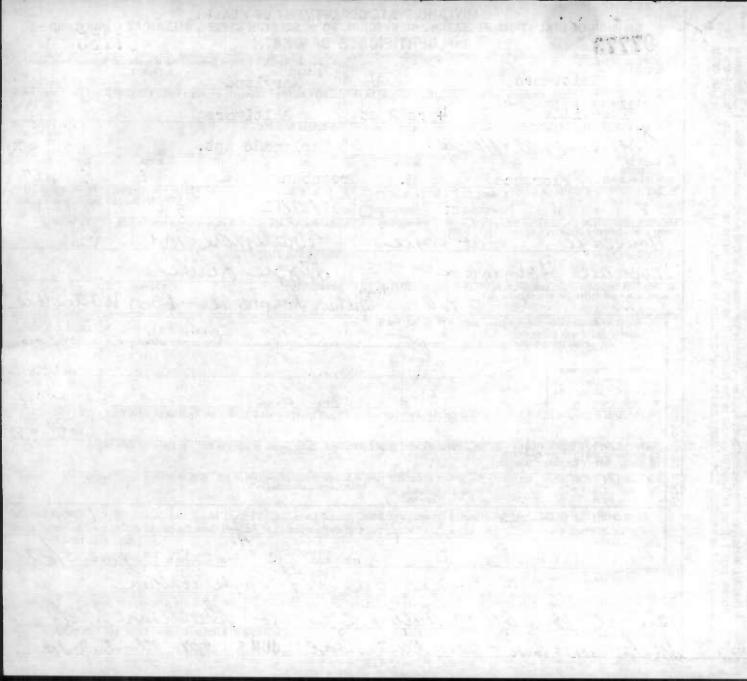
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 077754

	V	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If Institution: Re	sidence before edmission)
Baltice Co MARYLAND	a. STATE ARY LAND b. COUNTY	Ita Co
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
write RURAL and give nearest town	COLGATE	03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
Iver Hall Kirsing Home	7418 POPLAR AVE.	YES NO
3. NAME OK First T Middle	Last 4. DATE Month	Day Yeer
(Typa or print) Clinabell	Theer DEATH June	1 1967
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1)	
7 Colute WIDOWED DIVORCED	Ct16, 1884 Sayrs. Months D	ays Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI2	EN OF WHAT COUNTRY
AT HOME	DELAWARE	1.34
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FREDERICK KIESSIG	FREPERICHA SICKEL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Yes, no, or unkown) (Ifyes give wer or detes of service)	ES ALMA G. DENNY-7418 PO	01-40 410
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	13/10/11/4 O. DENOP 1-1/11 1 10	I INTERVAL BETWEEN
	COEMA	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PULMONARY	DEMIN	IPAY
DUE TO		
Conditions, if eny, which \ (b) ARTERIO SCLE	-ROTIC CARDIO-VASCULA	3
gave rise to immediate cause		LVR
(e), steting the underlying DUE TO DISEASE		0//
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
3 PARKINGSON'S DISET	15E	YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter natura of injury in Part I or Pert II of item 18.)	
	ACE OF INJURY (Home, farm, 2Df. (City or town) (Country, street, office bldg., etc.)	ty) (State)
Hour a.m. While Not While et work at work	rory, sitem, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	NOV. 23 , 1961, to OUNE 11, 196	17
saw the deceased alive on MAR. 29 19.67, and tha	t death occured at 7.4.4.M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED. STAFF	22b. DATE , SIGNED
Lozeph Buch	A.D. PHYS. DIRECTOR PHYS.	6/12/6
22c. PHYSICIAN'S	22d. ADDRESS	
CHAME (Type) JOSEPH MICELI M.L	108 5 TAYLOR A	15.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		(Stete)
PEMOVAL (Specify) 6/14/107 OAJE LAU	24	TO COM
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 PIND BY REGISTON 7256. PROBLEMESTS	GNATURE.
	ALL MODATE	o Judge
OLURICH FUNERAL HOME DUNDI	DATE	U

SERVICE THE COURT OF SERVICES 270, DELINENT OF THE STATE OF THE ST

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Baltimore o. STATE Maryland a COUNTY Page Department of Baltimore delay c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 1h write RURAL and give nearest town) 10 yrs. Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d STREET ADDRESS with form 3111 Sollers Point Road 311 Sollers Point Road Give Pages 3 NAME OF Middle 4 DATE First Lost Manth DECEASED Edith June Evelyn Groves (Type or print) DEATH Office alang IF UNDER 1 YEAR land 2 with SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED birthdoy) White 72 hours after death. Female Oct. 20-1919 WIDOWED DIVORCED Item 1 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT U. S. A. during most of working life, even if retired) INDUSTRY Pennsylvania Housewife should be farwarded to the Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pearl Olive Hostuttler John L. Goodrich permit. File 17. INFORMAN (Husband) Address Dundalk. Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor ar dates af service) pending" Harvey J. Groves, 3114 Sollers Point Rd. event within 177-24-9180 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b) and ONSET AND DEATH **burial-transit** PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) certificate shauld writing the ward DUF TO any Canditions, if ony, which gove rise to immediate cause (o). DUE TO stoting the underlying cause ond OS be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY or remayal, the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED dury in Port I or Port II of item 1B.) 3 should PRIMARY I or CONTRIBUTING I CAL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL 20e. PLACE OF INIURY (Home, form, 20f. (City ar town) 20c. TIME OF INJURY Manth, Doy, Year (County) factory, street, office bldg., etc.) Hour o.m. may be retained for your FUNERAL DIRECTOR: Page Page of work at work Inspection X Inquiry X, 21. I certify that I taok charge of the remains described above, held an Autapsy and in my opinian funeral director. Natural causes x . Accident Suicide Hamicide Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED 6/3/67
DEPUTY MEDICAL EXAMINER 26800 Mornington Rd. SIGNATURE Health priar pe **EXAMINER'S** Melvin B. Davis Address (Street, city, town, ar county) Dundalk, Md. 21222 NAME (Type) M. D. the 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 50 Baltimore, Maryland 21224 June 5-1967 Oak Lawn

ADDRESS

John J. Duda, 7922 Wise Ave. Dundalk, Md.

VR A15ME (5)

24. FUNERAL DIRECTOR

25a REC'D BY REGISTRAR

DATELUN

2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

19 67

IF LINDER 24 HRS

PERFORMED?

NO X

(Stote)

NO X

Maryland Nelthore

ID mr.

eline election

311g Sollars Point Fond

Editor over your crows datable

Cot. Bulling the

.A .B .W almay(vorme)

John L. desirioh (Maria Engla Maria Engla THE LEAD TO SELECT STATE TO SELECT STATE OF THE PARTY OF

our in Declara

The company of the state of the

selvin H. Davis d. b. parent, Nd. 21222

ASOLO I DI FARE IL STORA

and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF and I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY hours after MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) filled in by requires that the death certificate be executed within 24 hour 15 toum e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS within 72 YES NO NAME OF DATE carbon Year Doy campletely DECEASED OF any event, 196 (Type or print) DEATH 1 YEAR S. SEX AGE (In years IF UNDER IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** remave birthdoy) Manths Days Hours WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT lease during most of working life, even if retired) INDUSTRY physician U.S.A. and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME d ar remaval, en TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMAN1 (Yes, not or whknown) (If yes give wor ar dates af service crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH nuna IMMEDIATE CAUSE (a) be retained by the haspital or attending physician DUE TO burial, Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO for use as the l Health priar to b stoting the underlying cause ATTENDING PHYSICIAN: The law last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) While Nat While State 19 at wark at wark 21. I certify that (I) (this hospital) attended the deceased from M, from causes and on the date stated obove. saw the deceased alive on, and that death occurred at ed with 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may director, pa shauld be f Milton Schlenoff 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) WILLO

FUNERAL DIRECTOR

VR A15 (4) 20 M 1/66 REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

2Sb.

Million Johnson

within 24 haurs after death

executed

ATTENDING PHYSICIAN: The law requires that the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07776 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland Baltimore. MARYLAND by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) ve carban papers. Pacevent, within 72 hours Middle River - 21220 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS campletely filled in nave carban paper 10 B Oak Grove Dve St. Joseph Hospital 3. NAME OF Middle Lost 4. DATE Manth DECEASED Baby Girl HAGAN June (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Female White 6-10-67 crematian, ar remaval, and in any WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life, even if retired) physician (nen please **INDUSTRY** Towson 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jakum David H. Hagan attending permit. The Joan Marie IS. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) (If yes give wor or dates of service) David Hagan Same 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY Anencephalus IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse has been see as the the priar take Health priar t Inst PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) certificate 2Do. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) Hour 'o.m. foctory, street, office bldg., etc.) 0 ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram June 10, 19 67 to June 11 19 67 that (1) (we) last with the saw the deceased alive an June 11, 19 67, and that death accurred at 12:30 A Mom causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. idlacan directar, page 3 shauld be filed w M.D. DIRECTOR PHYS 7620 York Road, Baltimore, Md. 21204 22c. PHYSICIAN'S NAME (Type) Arturo Pidloan, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. REMOVAL (Specify) Baltimore, Md. 1967 Gardens of Faith Cemetery 24. FUNERAL DIRECTOR

Eastern Ave.

Funeral Home 1407

VR A15 (4) 25M 1/67

Hruzdzinski

be retained

OR

O HOSPITAL

(County)

(County)

97758

11

Doys

12. CITIZEN OF WHAT

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO

67

35

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

June 11,1967

NO 🛨

(Stote)

(Stote)

15 W. Janes ell to be the majority a control of the control

> negel bive

sayland beatens

3111

acauel.

the control of control date to bring the control of the control of

The manufacture of the day of the second of

Apper to the second of the sec The second of th

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2		97777		CERTIF	ICATE	OF D	EATH			077	59	
and death	1.	PLACE OF DEATH						here deceos	ed lived, if institu		before odr	nission)
2 - 5		O. COUNTY BALTO		MAR'	YLAND	o. STAT	MI	>	b. COU		LTO.	
aff aff		b. CITY OR TOWN (If outside con	porote limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If outs	side corporot	e limits, write RL	IRAL ond give r	eorest tow	/n)
urs Pa Pa		write RURAL and give neares				E	SSEX	(0	3.1
ha in Pars. 2 ho		d. NAME OF HOSPITAL OR INSTIT		, give street oddress)		d. STREET						RESIDENCE
uted within 24 haurs affer, mpletely filled in by the for e carban papers. Pages I vegt, within 72 haurs after		913 REN	FREW			9	13 RE	NFR	EW			A FARM?
· 美工	3.	NAME OF	First	Middle		Los		4. DATE	Mon	ith	Doy	Year
campletely ave carbar vevent, wi		DECEASED (Type or print) GE	O. C. H	AGERMAI	v s	SR.		OF DEATH	JU	NE 6	6	1967
mpl mpl	5.	SEX 6. COLOR (OR RACE 7. MARRIEI	NEVER MARRIE	D 🔲 B.	DATE OF I		9.	AGE (In years	Months D		NDER 24 HRS
and camp		mu	WIDOWE	D DIVORCE		6/13	198	6	lost birthdoy) Yrs.	Months	oys Ho	urs Min.
and and rem in an	10	o. USUAL OCCUPATION (Give kind o	f work done 10b.	KIND OF BUSINESS OR INDUSTRY		11. BIRTH	PLACE (County &	Stote, or for	eign country)		EN OF WHA	AT
ate be	at	iring most of working me, even it re	niled)	MARTINS		OF	110			COUN	SA	7
ertificate by physician ten please toval, and is	13	3. FATHER'S NAME					ER'S MAIDEN NA	AME			30	
ph hen nov		1551AC.	HAGERMA	N			IDA	How	ELL			
din din	19	5. WAS DECEASED EVER IN U.S. ARM es, no, or unknown) ((If yes give w	ED FORCES?	S. SOCIAL SECURITY NO.	17. IN	FORMANT			Addr	ess		
attending premit. The	(,	VNK	of of doles of service)		BI	ES51E	- HAC	FRM	AN	ABO	UE	
		1B. CAUSE OF DEATH (Enter of	only one couse per line f	or (g), (b), ond (c).)	111/		~ 1	1.	1			BETWEEN
that t an. by the transit cremat		PART I. DEATH WAS CAUS	SED BY: DIATE CAUSE (o)	Execlapholi	fort.	-	helico	n /	3 locar		ONSET A	ND DEATH
uires th hysician gned by urial-tra urial, cre		610X	DUE TO	150	7	16	11.		+1	1		
physici physici signed burial-t burial,		Conditions, if ony, which gave rise to immediate couse (o),	(0)	1708	nu	wigh	when	Dell	alect	our .		
red plan si e p		stoting the underlying couse										
tending as been as the prior tal		lost.) (c)									
he lo atten has b has b e as h pric	NO	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	LATED TO TH	E TERMINA	L DISEASE COND	ITION GIVE	IN PART 1(o)		19. WAS PERF	ORMED?
IAN: The al or at ficate ho for use Health	CERTIFICATION										YES	NO [
pital pital d fo af H,	RIF	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF	DEATH 205.	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture	of injury in Po	ort I or Port	Il of item 1B.)			
YSI losp cert cert cert ched	ALC	(IE FITHER NOTIFY MEDICAL FYA	MINER)					1				
JING PHYS by the hos ifter this ce be detache State Dept.	MEDICAL	20c. TIME OF INJURY Month, Hour o.m.	Doy, Yeor 20d. Whi	INJURY OCCURRED			(Home, form, fice bldg., etc.)	20f.	(City or town)	(Count	y)	(Stote)
0 = _ b =	2	p.m.	19 of w	le Not While ork of work					MIN NO			
Aff d b d b e Si		21. I certify that (I)	(this haspital) atte	nded the deceased	fram	1 1	, 19	, to	1	, 19	_, thot (I) (we) la
aine aine A Parit H		saw the deceased o	ive on		ond thot	deorn o	corred at_	M	, tram causes	ond on the		ofed obov
TAL OR ATTENE nay be retained AL DIRECTOR: A page 3 shauld e filed with the	30	226. SIGNATURE	7 7	01/2	M.D.	ATTENDI PHYS.	NG D	AED. DIRECTOR	STAFF C	7 220. DAIL	SIGNED	
o a a a a a a a a a a a a a a a a a a a	30	22c. PHYSICIAN'S	2.11.18	anam	M.D.		NDDRESS	JIKECIOK	PHYS. L	7		
RAI /		NAME (Type) W M	. A. RO	DEERS			815	EA.	STERN	AU.	6	
TO HOSPITAL OR ATTENDIN Page 4 may be retained by TO FUNERAL DIRECTOR: Affer director, page 3 shauld be shauld be filed with the Sta	23	o. BURIAL, CREMATION, 23	b. DATE THEREOF	23c. NAME OF CEM	ETERY OR CR				ATION (City or To		ounty)	(Stote)
Pag dire		REMOVAL (Specify) BURIAL	6/9/67		AWN					mo.		
17/	1 2	4. FUNERAL DIRECTOR	, , - ,	ADDRESS			2So. REC'D	BY REGISTRA	AR 2Sb. R	EGISTRAR'S SIGI	ATURE	
VR A15 (4) 20 M 1/66		J.G. CONNEL	Lt soms	30	0 m.	ACE	DATE		1007	meliant	a. Ou	dat

we will be for

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the feneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affected the Page 4 may be retained by the hospital or attending physician.

VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07778
CERTIFICATE OF DEATH
07760

1.		altimore		MARYLAND	a. STATE Ma	ryland	d lived, If institution: Rob. COUNTY	AL	to-
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest toy	ite limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside corpora	ite limits, write RURAL	and give	nearest town)
	Balt	imore		12 yrs	Baltim	ore 212	21	13.1	
	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not In ho	ospital, give street address)	d. STREET ADDRESS			0. 1	S RESIDENCE ON A FARM?
		Josephs H	-			rsey Ave			NO 🗌
3.	NAME OF DECEASED		irst	Middle	Last	4. DATE	Month	Day	Year
_	(Type or print)		ary	Α.	HALVEY	DEATH	June	8	19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UNDER)		
	female	white	WIDOWED		January 20	. 1921	Months 46 yrs.	Days 1	lours Min.
10	a. USUAL OCCUPAT	ION (Give kind of work ng life, even If retire	done 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (C	county & State, or f	oreign country) 12. CI	TIZEN OF	WHAT
00	S.B. OP	FOATAR			0.		CO	UNTRY?	
13	FATHER'S NAM	E	1) 54	LAND	Galway, I	reland		214	
	~	* * * * * * * * * * * * * * * * * * * *		A	14. MOTHER O MAII	>			
	JOHN	M = M L EVERINU.S. ARMED FO	RROV	614					
(Y	es, no, or unkown)	(If yes give war or dates of	of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
	No		16	9-30-1537 1	ANDREW +	IALVEY	ABO	VE	
	18. CAUSE OF	DEATH [Enter only on	e cause per li	ne for (a), (b), and (c).]					AL BETWEEN
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	Subar	rachnoid hemor	rhage			ONSET	AND DEATH
	330X								
	Conditions, If	DUL	Daniel de	ured aneurysm	of the midd	le cereb	rmatra fan	1110	
	gave rise to	Immediate /	(-/-	area aneary sin	or cue mrad	Te cerco.	tar arocry		_
	cause (a), st		ТО						
z	underlying caus		(c)						
IE.	PART II. OTHERS	IGNIFICANT CONDITIO	ONSCONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITI	ON GIVEN IN PART 1(a)		AS AUTOPSY ERFORMED?
2	Myocar	dial infar	ction,	acute				YES	
CERTIFICATION	20a ACCIDENT	WAS UNDERLYING THE NG TO CAUSE OF DEA IFY MEDICAL EXAMI	1 20h D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Injury In Part I	or Part II of Item 18.)		
		NJURY Month, Day,		HIRV COULDED TOO DIAG	05 05 INHIDV (II (006 1011		-1.	404-4-1
MEDICAL	Hour a.m		While	Not While 20e. PLAC	ry, street, office bldg., e	arm, 20f. (City	or town) (Cour	nty)	(State)
ME	p.m		at work	at work					
	21. I certify	that (I) (this host	oital) attende	d the deceased from M	ay 30 .1	967 to J	une 8 , 1967	7. that	(I) (we) last
		eased alive on	June 8	19_67 , and that	death occurred at3	: 45 M. from 1	the causes and on th	e date s	tated above.
	22a. SIGNATUR	E	20	- ^		ain	22b. DA	TE SIGNE	D
		hano	S. Co	Kburn M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6-8-6	57
	22c. PHYSICIA	N'S		m.D.	22d. ADDRESS	DIKEGIOK	гпіз.		
	NAME (Ty	Juana S.	Cockbu	rn. M.D.	7620 Yo	rk Rd. B	alto. 21204		
23	BURIAL, CREM	ATION, 23b. DATE		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, town or cou	nty)	(State)
	REMOVAL (Spe		0/67	SACRED HE	FART	BA	LTO. MC)	
24	. FUNERAL DIRE		/	ADDRESS	25a. RE	C'D BY REGISTRA		SIGNATU	JRE
-	TT- 0-		500	2			1 130V X	5.0	Yar.
-	1.4.00	NELLY	SON	2 200 1	1ACE DATE U	N 1 2 19	01	1	0

BOARD TO THE RESERVE OF THE PARTY OF THE PAR

				value.	grand 1
	GSIS THE		Total Inc.		alt. De
	. vi conts	72.6		and equal (as) test	4
		YSVLAN	.60	9709	
4	3 1991	S wanted.			Tecnie

Tyler across to tudo manage

and a large of the second transport

ANGEL ON LES MES POST VERY TO MESSAGE THE SERVICE OF THE SERVICE O

Res Calman and

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 17770

07761

700					
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lived, if institution: b. COUNTY	Residence befare admission)
d. COONT	Baltimore	MARYLAN		b. COONTY	
	If outside corporate limits, d give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside carparate limits, write RURAL	and give nearest tawn)
m				imere	30.4
d. NAME OF HOSPI	TAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Chesay	beake Maner No	ursing Home	1801 Sher	wood Ave.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Anna	М.	Hammen	DEATH 6/	17/ 1967
S. SEX	7.7	MARRIED NEVER MARRIED	B. DATE OF BIRTH	Later to A	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
F.		VIDOWED DIVORCED	May 18, 188	yıs.	
	N (Give kind af wark done life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		& State, or foreign cauntry)	12. CITIZEN OF WHAT
during most of warking Housew.	lie		Germany		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	eph Pensker			ne Becker	
(Yes, na, ar unknawn)	ER IN U.S. ARMED FORCES? (If yes give war or dates af sen	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	
no		no	Miss Mary Ham	men same	
	EATH (Enter anly one cause po TH WAS CAUSED BY:		. R. O. +1	las:	INTERVAL BETWEEN ONSET AND DEATH
7 3 3 3	IMMEDIATE CAUSE (a) _	Cer	uoral uno	nowall	3-4 day
Candisian if an	DUE TO	1.	le artore	eclerous.	
Conditions, if any	te couse (a)	sen	me arrear	receivus.	
stating the under					
) (c) _	ADUTING TO DEATH BUT NOT DELATER	TO THE TERMINAL DISCASE CO.	DITION CIVEN IN DART IV-	19. WAS AUTOPSY
20a. ACCIDENT WA	IGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART I(d)	PERFORMED? YES NO
20g. ACCIDENT WA		20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in I	Part I or Part II of item 1B.)	
	CAUSE OF DEATH MEDICAL EXAMINER)				
Hour'a.	URY Manth, Day, Year m. m. 19	20d. INJURY OCCURRED 20e While Nat While at wark	e. PLACE OF INJURY (Hame, farm factory, street, office bldg., etc.)		(Caunty) (State)
		l) attended the deceased fram	m . 1	950, ta 6/17	, 1967, that (I) (we) las
	eceased alive an	6/15 1967, and			d on the date stated above
22a. SIGNATURE		10021	7 - ATTENDING	MED. STAFF	22b. DATE SIGNED
Me	odcel / le	agrante	M.D. PHYS.	MED. DIRECTOR PHYS.	6/19/67
Z2c. PHYSICIAN'S NAME (Type		J. Graziano	22d. ADDRESS	E Belvicles	121212
23a. BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NAME OF CEMETER	Y OR CREMATORY .	23d. LOCATION (City ar Town)	(Caunty) (State)
REMOVAL (Specify Burial	6/20/6	7 Holy Redeen	mer Cem-	Balte, Md.	
24. FUNERAL DIRECTO		ADDRESS	2Sa. REC'D	BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
Leonard	J. Ruck Inc.	Balta Md.	DATE JI	JN 1 9 1967 *	maries Judge

Formeral 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached far use as the burial-transit permit. Then please remave cafban-appers. Pahauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event within 77 haur Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

WILLIAM THE SECOND OF THE SECOND STATE OF THE SECOND SECON

613.1

Parties Baltiror Baltiror 1901 Sherwood Ave.

Anna 1901 Sherwood Ave.

Anna 1901 Sherwood Ave.

Anna 1902 Sherwood Ave.

Anna 1903 Sherwood Ave.

The state of the s

med al _ 5/20/49 | Mely concent Oct. | Malto. No.

course. . and Inc. Bullet.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	Py	27	0	1
0	4	6	0	U

N		9.0		CLRIIICAIL	OF DEATH		U 6 6 0 %
3	1.	PLACE OF DEATH			2. USUAL RESIDENCE (W	here deceased lived, if institut	tion: Residence before admission)
b l		o. COUNTY B	ALTMORE	MARYLAND	O. STATE MURY	and b. cou	BAITING.
5			(If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side carparate limits, write RU	RAL and give nearest town)
56		BAITT	d give nearest tawn)	5 days		illE, 2 1030	
		d. NAME OF HOSPIT	TAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
56	T	PERTER	Baltimore Ms	idical Exister	Noue.		YES NO
1		NAME OF DECEASED	First	Middle	Last	4. DATE Man	
1		(Type ar print)	William	Joseph	Handing	DEATH 6	
)	S.	ALT-IE SEX	1 1	WIDOWED DIVORCED	B. DATE OF BIRTH ? 9 - 8 - 9	9. AGE (In years last birthday)	Months Days Hours Min.
	100	DISUAL OCCUPATION	N (Give kind of work done	T 10P KIND OF BIISINESS OF	11. BIRTHPLACE (County 8	State, ar fareign country)	12. CITIZEN OF WHAT
	dur	ABINET	lite, even if retired - Ret.	Return WOOD SHOP	TEXAS	Md.	COUNTRY?
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
	8	phrain	1 marion H	arding. Ha	was Hitch	ebck.	
	15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	lesine.	INFORMANT	Addr	ess
	(18	NONE	(If yes give wor or dates of ser	218-28-4124	Family	Lecords	
		1B. CAUSE OF D	EATH (Enter only one couse p	er line far (a), (b), and (c),)			INTERVAL BETWEEN
		PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	MYOC	APDIA	_ INFA	PETION ONSET AND DEATH
		2601	DUE TO		1	/	
		Canditions, if any		ARTERIOSE	RPOTIC	CARDID-VA	s- Drs
		rise to immedia stating the unde					
		lost.	(c)	SIGBETE	S HELL	LITUS.	
3	CERTIFICATION	PART II. OTHER S	IGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	FICA	20o. ACCIDENT WA	S UNDERLYING [7]	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in P	Part I or Port II of item 1B.)	, 7.3 NO []
		OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		(2, 1,		
	MEDICAL		URY Manth, Doy, Year		CE OF INJURY (Hame, form,		(County) (State)
	ME	Haur 'a. p.	m. 19	While at work at wark	tary, street, office bldg., etc.)	- Table 198	
		21. J certi	ify that (I) (this hespita	al) attended the deceased from_	, 19	9, ta	, 19, that (I) (we) las
			eceosed glive on			M, from causes	ond on the date stated obove
		22a. SIGNATURE	1111 -	-01	ATTENDING	MED STAFF No.	. 22b. DATE SIGNED
		- 1995	4/am	M.	D. PHYS.	DIRECTOR PHYS.	6-23-6/
,		22c. PHYSICIAN'S NAME (Type			22d. ADDRESS		
/	00	. BURIAL, CREMATI	ON, 23b. DAJE THEREO	T 02. MANAG OF CEMETERY OR	CDEMATORY	T 224 LOCATION (C) T-	own), (County) (State)
	230	REMOVAL (Specify	y) GILLIAM		Sby, Cemi	23d LOCATION (City or To	own), (County) (State)
0		FUNERAL DIRECTA		ADDRESS			EGISTRAR'S SIGNATURE
de	1	hom /	MINIO X	ma Tourn			Climela Julas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (25M 1/6

days Englysyllia kiete BALLIGUE Creston Balmure Madical Cruits ... Novie. william Joseph Handing 67 46-3-6 MINIE STIME Soldier Water and Referred with Texas 11d. Sphrain marin Harding the Hitcheck 219-29-47.24 1400 1100 1100 The second of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07781

CERTIFICATE OF DEATH

07763

			0 •	100
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased live		e before admissian)
o. COUNTY	MARYLAND	a. STATE	b. COUNTY	
b. CITY OR TOWN (If autside carparate limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN If autside carporate limit		negrest town)
write RURAL and give nearest tawn)	1	.0 11.	11	112-1
Baltimore	3 WEEKS	Baltimore	Maryl	
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspite	al, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Greater Baltimore 1	ned-Center.	2100 Lukewood	Drive	YES NO
3. NAME OF First	Middle	Last 4. DATE OF	Manth	Day Year
(Type or print) Hesse S. SEX 6. COLOR OR RACE 7. MARRIE	Valerie	Harman DEATH B. DATE OF BIRTH 9. AGE	June In years IF UNDER 1	3 1967 YEAR IF UNDER 24 HRS.
- A				Days Hours Min.
Female Cau WIDOWI		5-19-98 69	yrs.	
10a. USUAL OCCUPATION (Give kind of wark done during mast af warking life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & Stote, or foreign co		ZEN OF WHAT
House wife	INDUSTRI	British Hest Inc	1	5 4
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John le France		Drew		
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	NEODMAND G. HARM AN	- Address	
(Yes, no, or unknawn) (If yes give war ar dates af service)	. 16	atient's Chart	-SAME	
No lange of pratil (fame along the fame along the f		atients Charl	-3/-/116	
1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	for (a), (b), and (c).)	4		INTERVAL BETWEEN ONSET AND DEATH
1/2 1/1 IMMEDIATE CAUSE (a)	respiratory !	Lush		5 Kin
4041 DUE TO	01	11	100000	10 0
Canditians, if any, which gave (b)	Webspasen	an wowoons		17 days
stating the underlying couse DUE TO	10	111 -00 -0	. 001.1	1 Trendan
last. (c) (c)	sugestive his	id pillerull al	ial fibril	letion sux
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20h. OR (OMERING) CAUSE OF DEATH (IE FITHER NATISE) AND CONTROL OF THE CONTROL OF		U		YES NO
= 20g. ACCIDENT WAS UNDERLYING □ 20b.	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of i	tem 1B.)	
OR CONTRIBUTING CAUSE OF DEATH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City	ar tawn) (Caur	nty) (State)
Haur a.m. W		tary, street, affice bldg., etc.)	ar idwii) (can	ility) (Sidle)
p.m. 17 ot v	vork at wark			
21. I certify that (I) (this haspital) att	ended the deceased fram_	5-14, 1967, to	5-3,10	$oldsymbol{2}$, that (I) (we) las
saw the deceased alive on	- 3 19 <u>67</u> , and tha	t death occurred at K. M., fran	couses and on the	e date stoted obove
22a. SIGNATURE		ATTENDING MED. A S	Z2b. DAT	TE SIGNED
1 Ungalor	M.		PHYS	-3-6-1
22c. PHYSICIAN'S	thatad	22d. ADDRESS)	I a sino
NAME (Type)	NOVO	160000	raille of	Jalo W
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION	(City or Tawn) ((Caunty) (State)
QREMOVAL (Specify) 6-7-67	LAKPILIPI, M.	emorial Elders	burg, Mary	land
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIG	
Ellsworth Armacost 4600	Liberty Hahts	Ave DATE ILIN 5 196		

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-tronsit permit. Then ple**use** remove carbon papers. Pages should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in gry event, within 72 hours and Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

maryland C. Lancert David Toll Toll 272 July 10 at Greater Balkmore Med Center 2100 Lakemond Drive the see Valence Harman June 3 c7 5-19-93 -1-4 Female Cau Heast wife Dritish Hest Endies - U.S.A. John Le France Drew Patients Chart 1.4-6-(_-11

ve. de la la companya de la companya

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0448	5		CERTIFICAT	E OF DEATH		U	103
1. Pt 0.	LACE OF DEATH COUNTY BAL	TimoRE outside corporate li		MARYLAND	O. STATE MARYLA	ND	UNTY	
	write RURAL and	give nearest tawn)		c. LENGTH OF STAY IN 16		side carporate limits, write F	RURAL ond give ne	earest tawn)
	. NAME OF HOSPITA	L OR INSTITUTION (I	f not in hospital, give	e street oddress) 0	d. STREET ADDRESS	HADDON	AVE.	e. IS RESIDENCE ON A FARM? YES NO
	IAME OF		First	Middle	Lost SR	4. DATE Mo	onth	Doy Year
	ECEASED (ype or print)	SPE	DDEN	ALWARD	HAUSE	OF DEATH	0	12 1967
SE		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	IF UNDER 1 YE	AR IF UNDER 24 HRS
M	IALE	CAU	WIDOWED		8/18/81	lost birthday) 85 yrs.		bys Hours Min.
o. L uring	USUAL OCCUPATION I ig most of working li		/ / NDU	OF BUSINESS OR STRY	BALTO :	Stote, or foreign country)	12. CITIZE	N OF WHAT
3. F	FATHER'S NAME	1007 10	UL DEST	0// 0/1	14. MOTHER'S MAIDEN N			
	CHARL	ES HAUS	SE			MENIA SE	4mour	
Yes,	IB. CAUSE OF DE		couse per line for (o	-01-3376	Pris HI	MIGITIC IIII	Idress NGTRY NGTRY	INTERVAL BETWEEN ONSET AND DEATH
1	Conditions, if ony, rise to immediate stating the underless.	which gove couse (o),	OUE TO (b) AR T OUE TO (c)	ERIAL	EMBOLI	RIGHT	Femily	4.
AIION	PART II. OTHER SIG	NIFICANT CONDITION	IS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
E	20o. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY N	CAUSE OF DEATH	20b. DESCI	RIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJUI Hour o.m p.m		r 20d. INJU While of work	Nat While fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County	(Stote)
		that (1) (this I ceased alive an		d the deceased fram_ 19_6_7, and th	at death accurred at			7 that (4) (we) lo date stated abov
	22o. SIGNATURE	2.1	han	14.1) A	A.D. PHYS.	MED. STAFF PHYS.	22b. DATE	SIGNED 7
	22c. PHYSICIAN'S NAME (Type)	De	NIG	CHAN M	22d. ADDRESS	BMC	,	
230.	BURIAL, CREMATION REMOVAL (Specify)	V, 23b. DATE	THEREOF 4-67	23c. NAME OF CEMETERY OF	Come tery	RALTIMA	Town) (Co	unty) (Stote)
	FUNERAL DIRECTOR	Lenn ms t	-41001	ADDRESS HOLL			REGISTRAR'S SIGN	^
11	sworth M	VINHO	760040	CKIY 116/15	The Dail of		11	0

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending parsicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleose remove carbon papers. Pages ond 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours effect death. certificate be executed within 24 hours ofter death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

CAST OF TARY

CHARLES MAUSE

PARTICULAR COMPANIES

GEERFER BANG MADIEUR CENTER 4800 HADDON AUG.

SPEDDEN ALWARD HARSE

MALE CAN X 8/18/81 85

UNIX MODEL OF THE STATE OF THE PARTY OF THE

WILDELM EN IN SETMOUS

27-01-5376 PY HATERY -

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07783

CERTIFICATE OF DEATH

07765

-					0.00
1.	PLACE OF DEATH			re deceased lived, if institution:	Residence before odmission)
	O. COUNTY RALTIMORE	MARYLAND	O. STATE D	A LA A SOUNTY	ADATIC
	b. CITY OR TOWN (If outside corporote limits,	c. LENGTH OF STAY IN 1b	, c. CITY OR TOWN (If outsid	e corporote limits, write RURAL	ond give neorest town)
	RIPALTIMORE COU	INTI	ANNA	Palis	12.2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	ruun.	e. IS RESIDENCE
6	PERTER RALTINGE	MEDICAL CENTE	P 201 FA	NOTU ST	PEET YES NO D
3.	NAME OF First	Middle	Lost 4	DATE Month	Doy Year
	OFCEASED (Type or print) ADEC	1. x= 61 00 16	+ Have	OF DEATH TIL	VE 12 19 67
S.		MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. APE Un years TF	FUNDER 1 YEAR IF UNDER 24 HRS.
F		IDOWED DIVORCED DIV	1000/010	My / Grant M	lonths Doys Hours Min.
100	o. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & St		12. CITIZEN OF WHAT
du	ring most of working life, eyes if retired)	DI INDUSTRY	10	1: MD	COUNTRY? // CA
13	FATHER'S NAME	C+P TECEPHONE. CO	14. MOTHER'S MAIDEN NAM		0,0.11
1	JOSEPH ROS	AT:	Fin o	'A DECIA	
15	WAS DECEASED EVER IN ILS ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT ,	Address=	11-
(Y	es, no, or unknown) (If yes give wor or dotes of serv	/ice)	Jack HA	Yes	72
	T 10 CANCE OF BEATH (Fater columns on course	212-05-0348	0407 777	700	INTERVAL BETWEEN
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	RIP			ONSIT AND DEATH
	IMMEDIATE CAUSE (o)	Provende mu	monid		Lowy
	Conditions, if ony, which gove) (b)	Comment to	1. Ju + H	te :	120- +
	rise to immediate couse (a),	Carcinona of U	re cecre 114	radiolo	Treat.
	storing the underlying couse	Hala	Ca		
	(7_	IDUNING TO REATH DUY HOY RELAYED TO	THE TERMINAL DISEASE COURT	ION ONEN IN DARK 1/)	19. WAS AUTOPSY
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	JUN GIVEN IN PAKT T(0)	PERFORMED?
R	20- ACCIDENT WAS UNDERDOWN OF	L and DESCRIPT HOW MAINING OSCUPPED	/F-1	1 0 . 11 (2 . 10)	YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	For Part II of Item 18.)	
AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER)	L so I www. occupato	SE OF BUILDING IN	I not (5:	(6)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
N	p.m, 19	ot work ot work			
	21. I certify that (I) (this haspital			27, to 6/12	_, 19 <u>67,</u> that (I) (we) las
	saw the deceased alive an	1967, and that	death accurred at Z	M, tram causes and	d an the date stated above
	220. SIGNATURE	Barrie	ATTENDING MEI		22b. DATE SIGNED
	Derect !	M.E		ECTOR L PHYS.	6/12/67
	22c. PHYSICIAN'S NAME (Type) DEREK 17	BRUCE	22d. ADDRESS	s mc	
23	o BURIAL, CREMATION, 23b DATE THEREOF	23c. NAME OF CEMPTERY OR	CREMATORY	23d. 10 TION (City or Town)	(County) State
4	001141 1012	1 311 1921	73	Hnnapol1-	/ /4,
1	V. FUNERAL DIRECTOR	ADDRESS	n / 2Sp RIGID BY	A 1967 25 PEGIST	TRAR'S SIGNATURE
1	nm 11 Mulaton	w / sma man / cu	ha DATE	I 1001	The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers: Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72-haars after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

can have the thing of the house the said and will be a first Ch Colored and the section of the se Jack HAYES From Tenderson Champing May 5 Annapolis Std USE of the finisher.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07784	CERTIFICATE	OF DEATH	07	7766
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryland	(Where deceased lived, if institution: Res b. COUNTY	idence befare odmission
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL ond	give nearest tawn)
	Towson		Baltimore	21205	30.4
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in h	naspital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE DN A FARM?
	St. Joseph Hospital		823 N. Lu	zerne Ave.	YES ND X
3.	NAME DF First DECEASED	Middle	Last	4. DATE Month	Doy Year
	(Type or print) Sophic	e P	HEROLD	DEATH June	29, 19 67
S.	SEX 6. CDLDR DR RACE 7. N		8. DATE OF BIRTH	9. AGE (In years IF UN last birthday) Mant	
1	Female White W	IDOWED DIVORCED	ovember 3,	1883 lost birthody) Month	is Duys Hours Min.
dυ	a. USUAL DCCUPATIDN (Give kind of wark done ring most of working life, even if retired) Honemaker	10b. KIND DF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County Czechoslova		COUNTRY? USA
	B. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	FRANK MAUL		Juli	ia HODEK	
15 (Y	S. WAS DECEASED EVER IN U.S. ARMED FDRCES? (es, na_ar unknown) (If yes give wor or dates of serv		INFORMANT M	. Herold 823)	n.Luzenell
	18. CAUSE DF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	r line for (a), (b), and (c).) Congestive heart	foilume		INTERVAL BETWEEN ONSET AND DEATH
	4200 IMMEDIATE CAUSE (a)	Congestive heart.	Tarrure		
	Canditians, if any, which gave) (b)	Arteriosclerotic	heart disea	50	
	rise to immediate couse (a),		near o disea	56	
	lost. Stating the underlying cause (c)				
ATION	PART H DTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CD	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES ND X
L CERTIFICATION		20b. DESCRIBE HOW INJURY DCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	
MEDICAL	20c. TIME DF INJURY Month, Day, Year Haur'a.m. 19		CE OF INJURY (Hame, farr lary, street, office bldg., etc.		(Caunty) (State)
	21. I certify that (A) (this haspital saw the deceased alive an	attended the deceased fram the ane 29, 1967, and that	June 24, t death occurred at	19 <u>67</u> , ta <u>June 29</u> , 1 9:55 M, fram causes and a	19 <u>67,</u> that 🔉 (we) land the date stated above
	220. SIGNATURE	Romes M.	D. PHYS	AICD CTACE	DATE SIGNED une 29, 1967
	22c. PHYSICIAN'S Ramon P. Loj	pez, M.D.	7620 Yor	k Rd., Towson, Md.	21204
23	o. BURIAL, CREMATION, 23b. DATE THEREOF 7/3/6	23c. NAME OF CEMETERY DR.	CREMATORY Cenel	23d. LOCATION (City or Town)	(County) (State)
2	FUNDRAL DIRECTOR Crack ld	RU Chasaco A	250. REC	D BY REGISTRAR 25b. REGISTRAR	
-					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove comban papers. Pages 1 and shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

A DECEMBER OF THE PROPERTY OF SI TOTAL STREET, STREE Trusted out to the state of the on mile of these we wall of these areas. The world tree! or year and to The state of the s terna a company de la company region of the first and the state of the state of

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7	7	8	5	

07767

	01103			CEKII	IFICATE	OF DEATH			0.0		
	o. COUNTY					2. USUAL RESIDENCE (Where decease				
	Baltlmore MARYLAND				rigry tand bar officer						
	 b. CITY OR TOWN (If ou write RURAL and giv 		ts,	c. LENGTH OF STA	Y IN 1b				₹AL and give n	nearest taw	n)
		.Bal timo:	re			RURAL	.Balti	more	03.	/	
-	d. NAME OF HOSPITAL O	R INSTITUTION (If n	nat in haspital, g			d. STREET ADDRESS	I.a. Doo	a 27	201	e. IS I	RESIDENCE A FARM?
	1045 20	le's Road	۵	1221		1042 LOTA	· S ROA	د2،،،،۵	wed, if institution: Residence before admission) b. COUNTY Baltimore nits, write RURAL and give nearest town) ore e. IS RESIDENCE ON A FARM? YES NO X Wanth Day Year 1967 E (In years of birthday)		
	NAME OF DECEASED	F	irst	Middle		Last	4. DATE OF			Day	
1	(Type or print) №	ARY	RUT			O M	DEATH		-		
		COLOR OR RACE	7. MARRIED	NEVER MARR	IED 🔲	8. DATE OF BIRTH		AGE (In years last birthdoy)			
	female w	hite	WIDOWED	DIVOR	CED 🔲	Jan.29, 1	779 4	^ "		70,3	ors mur.
	. USUAL OCCUPATION (Giving mast af working life,			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County				TOWA	
4011	housewife	even ii reiired)	INI	ואוכטעו		Baltimor	e, Md.		COUN	U.S	SA
13.	FATHER'S NAME	1 0 22:				14. MOTHER'S MAIDEN		Dec: 22			
	10	hn Calli	nan				Tga	Brill			
15.	WAS DECEASED EVER IN es, no, ar unknown) (If y	U.S. ARMED FORCES		SOCIAL SECURITY NO		INFORMANT					
(16	no no	es give wai ai daies	21	5-03-5256	H	arold Herso	m16	45 Pole	s Rd	21	
	18. CAUSE OF DEATH	(Enter only one ca	use per line for	(o), (b), and (c).)							
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ablance								ONSET A	ND DEATH	
	160 X		E 10	1/	Can	. 11/				30.00	
	Conditions, if ony, wh		(b) 111	asules	· In	Cellus					
	rise to immediate co stating the underlyin		10							7.10	
	lost. (c)										
~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T					THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)			
VIIO											
IFIC	20a. ACCIDENT WAS UNI	DERLYING 🗆	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Port	II of item 18.)	9.768		
CERI	OR CONTRIBUTING C (IF EITHER, NOTIFY MED										
MEDICAL CERTIFICATION	20c. TIME OF INJURY		20d. IN	IJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farn	n, 20f.	(City or tawn)	(Count	ty)	(State)
WED	Haur'a.m.	19	While at work		7 fact	ary, street, office bldg., etc.)				
	p.m.		UI WOIK		d from	Cherry 1	9/0/ 11	1 111001	10/-	7that (1) (mm) las
	21. I certify that (I) (this haspital) attended the deceased fram accurred at 10:14R, 1967, that (I) (we) lass saw the deceased alive an 1967, and that death accurred at 10:14R, 1967, and 1967, an										
d	22a. SIGNATURE	1	1								aroa abave
	D.1	will lan	us of	hlor	M.D	D. PHYS.	MED. DIRECTOR		1 len	16.	196
	22c. PHYSICIAN'S	7)	1 2 11	0000		22d. ADDRESS					100
	NAME (Type)	r /	01/11	fru SC	CHLOTT	The Johns	Hopki	ins Hosp:	Ltal, Ba	alto.	, Md.
230	. BURIAL, CREMATION,	23b. DATE TH	IEREOF	23c. NAME OF CE	METERY OR	CREMATORY .	23d. LO	CATION (City or To	wn) (C	ounty)	(Stote)
	REMOVAL (Specify)	June	19. 196	7 Baltin	nore N	ational	Bal	timore.	Maryla	ind	
	I. FUNERAL DIRECTOR			ADDRESS		2Sa. REC'I	BY REGISTR				
Te	annard J. F	nick. Inc	Ral	timore. N	/d	14	11 4 0	1000 //	vr1 . e	1.	7.41

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages V and shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

PARTY OF THE PROPERTY OF THE PARTY OF THE PA Total Control of the The state of the s production of the second secon Hard the state of the state of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	DIVISION OF STATISTI		ARCH AND RECORD CERTIFICA	S, 301 W. PRESTO	N STREET, B	ALTIMOR	T 768	YLAND		
1.	PLACE OF DEATH a. COUNTY Baltimore		MARYLANO	2. USUAL RESIDENT a. STATE Mary	The state of the s	b. COUNT	Υ		dm ission)	
	b. CITY OR TOWN (if outside corpor write RURAL and give nearest to Dundalk	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow Dundalk								
	d. NAME OF HOSPITAL OR INSTITUTE 1964 Frames Road	ION (If not in he	ospital, give street address		mes Road				ON A FARM?	
	DECEASED	ncis	Middle W.	Last Hines 8. DATE OF BIRTH	4. DATE OF DEATH	Month June	1	7 19	67	
A	Male White	WIDOWED	DIVORCED	Oct. 7, 1924	last	birthday) yrs.	Months Day	s Hours	Min.	
dui	a. USUAL OCCUPATION (Give kind of wor ring most of working life, even if retr GOOGWIL FATHER'S NAME WILLIAM HINES	(ha	IND OF BUSINESS OR IDUSTRY Cries of Balto	Maryland 14. MOTHER'S MAII	DEN NAME	reign country)	COUNT	RY?	r	
(Y	5. WAS DECEASED EVER IN U.S. ARMED F es, no, or unkown) (If yes give war or dates 10	of service) 218	8-18-2521 Mr	Martha Mu INFORMAN(Sisters. Donald Ly	r)		s Rd.	Dunda		
	Conditions, if any, which gave rise to immediate	E TO E TO	toute her	ena	JR C	71				
IFICATION										
MEDICAL CERT	20c. TIME OF INJURY Month, Day Hour a.m. p.m. 21. I certify that (I) (this hos saw the deceased alive on	ATH INER) , Year 20d. If While at work	NJURY OCCURRED 20e. P fac	LACE OF INJURY (Home, factory, street, office bidg., e	N STREET, BALTIMORE 1, MARYLAND County					
	22a. SIGNATURE aus	5 Ker	Jm'	ATTENDING TO	MED.	TAFF _		4 .		

ATTENDING PHYS.

22d. ADDRESS

M.O.

NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

ADORESS

MED. DIRECTOR

201 Wise Ave. Dundalk, Md.

23d. LOCATION (City, town or county)

Baltimore, Maryland
25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

6/17/67

Milanles Judge

(State)

VR A15 (4) 15M 4-64

PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify) Burial

24. FUNERAL DIRECTOR

Marcos Levin 23b. DATE THEREOF

6/20/67

John J. Duda, 7922 Wise Ave. Dundalk, Md.

22c.

	in the	löt (1)			arromitiles.	
		irshung -	tours			
	Seg ^{or} es	more with			oli stanistin	eter on f
mae 1	u B	ikasa		2.00		
		Co. (5 1,2)	HILL.		ed Ethi	u Egil
			igs of helic	rionific Lity	poce	
onaforat.		THE PLAN			35,02() 7.0	ETCH
, alabert .o. onless						
			Contraction of the same			
		2 481				
20/21/9						
\$3515 .6W .HD	way	201 Wise K	1.1	nival cos) (0.1)	
Bonfers , or life		white	Usic Lawn Lee	to high	d f	
			angalk, va.	.ern Sein S	Date. Te	de miet

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07787 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn)
Caton sville 17 dvs Baltimore d. STREET ADDRESS ve carbon papers. event, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 619 North Fulton Avenue STATE HOSPITAL SPRING 3. NAME OF Middle 4. DATE First Manth DECEASED Ernest Hinton June (Type or print) DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Aug. 5. 1936 Negro ond in ony male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) **INDUSTRY** LAMATER Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, attending paramit. The 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service UNK Records: SPRING STATE G ROVE burial, cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-tronsit p Hepatic coma IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave Uremia rise ta immediate cause (a), DUE TO stating the underlying cause for use as the l Health prior to b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Stote Dept. 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) factory, street, affice bldg., etc.) Haur o.m. Not While ot wark ot work 21. I certify that to (this hospital) attended the deceased fram. May 29 67 to June 14, ed with the 1:50M, fram couses and an the date stated above saw the deceased alive an June 14 __19__67, and that death accurred at 22g SIGNATURE a. MED. Wichites DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE Stella Wachsler. M.D. NAME (Type) Baltimore, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) REMOVAL (Specify)

The law requires that the death certificate be hos been this certificate O HOSPITAL OR ATTENDING PHYSICIAN: detoched for the details of the deta TO FUNERAL DIRECTOR: After pe be retained director, page should be filed VR A15 (4) 25M 1/67

within 24 hours ofter death

executed

funerol

completely filled in

physic

24. FUNERAL DIRECTOR

LAURENS

0

2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

STATE

(County)

(County)

22b. DATE SIGNED

6-14-67

1967, that (1)

07769

14

IF UNDER 1 YEAR

12. CITIZEN OF WHAT

HOSPITAL

COUNTRY?

Months

e. IS RESIDENCE ON A FARM?

NO

67

Year

IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(State)

(State)

TASA SO CHURCH OF ORDER One Leave to the part of the latest to the l Parist College State College State S Transfer Control of the Control of t ALERE DE MARIE DE MAR to a track the contract of the AND THE RESIDENCE OF THE PROPERTY OF THE PROPE The last of the second of the MADVIAND CTATE DEDADTMENT OF HEALTH

		DIVISION	OF VITAL R	ECORDS, 301 W.	. PRESTO	N STREET, BALTIMORI	, MARYLAND 212	201			
	077	88		CERTII	FICATE	OF DEATH		077	70		
	PLACE OF DEATH O. COUNTY BK	116		MAR	RYLAND	2. USUAL RESIDENCE (Whe		titutian: Resider	To	admissio	on)
	CA TOIVS			c. LENGTH OF STAY	IN 1b	CATONS	1/	RURAL and giv	e nearest	tawn)	
	d. NAME OF HOSPIT	al or institution (if a	at in haspital, (give street address)		6 S. Rollin	g Rd			ON A FA	
	NAME OF DECEASED (Type or print)	EdWIN	irst 7	homas		Hobbs Jr	OF DEATH JA	Manth VY 6	Day 9	Yec 19	67
	SEX	6. COLOR OR RACE	7. MARRIEDZ WIDOWED	NEVER MARRIE		July 6, 1906	9. AGE (In year last birthday	y) Manths	Days	Hours	Min.
dur	ing most of working	(Give kind af wark dan life, even if retired)		IND OF BUSINESS OR IDUSTRY. Telephon	1e 6	-,,,,	Md	12. CI	TIZEN OF OUNTRY?	S WHAT	
13. E	FATHER'S NAME	Thomas H	0665	52		14. MOTHER'S MAIDEN NAM ROSALLE	LITTLE	page			
15. (Ye	WAS DECEASED EVE os, no, or unknown)	R IN U.S. ARMED FORCES (If yes give war or dates	Acamira l	social security no. 12-03-634	- 1	NFORMANT HOL	bbs 6	S Roll	ing	Rd	
	PART I. DEA' Conditions, if ony, rise to immediat stoting the unde last.	, which gove) e cause (a), (- 1	(a), (b), and (c).)	dial	infanction				RVAL BET ET AND D	
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART I(d)	19. YE	WAS AUTO PERFORM S	PSY ED? NO
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY (OCCURRED. (Enter nature af injury in Par	t I ar Part II af item 18	.)			
MEDICA	20c. TIME OF INJU Haur 'a.r p.r	10	20d. II While at wor			CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawr	n) (Ca	unty)	(Stote)
	saw the di	fy that (I) (this ho eceased alive an_	spital) attend	A 10		death accurred at	, to fram caus	ses and an t		stated	,
	220. SIGNATURE	Johna	Truch	W D.	M.D	ATTENDING PHYS.	D. STAFF PHYS.	22b. D	ATE SIGNE	7	
	22c. PHYSICIAN'S NAME (Type	JOHN A	·NES	BITT JA	۷.	22d. ADDRESS 7.8	idenal R.	Balle	212	25	€
1	BURIAL, CREMATIC REMOVAL (Specify	6/1	2/67	Loudon	nL		23d. LOCATION (City of BA) 76.		(County)	,	tate)
24		2 Mable	30	1 Frederic	KK	DATE 250 REC'D B		REGISTRAR'S S		of the	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or remay; and in any event, within 72 hours attended to Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

077	789		CERTI	FICATE	OF DEATH			077	71
1. PLACE OF DEATH o. COUNTY Ba	lto.		MA	RYLAND	2. USUAL RESIDENCE (V	Where deceased	lived, if institution b. COUNT		
write RURAL a	(If outside corporate limits, and give nearest town)		c. LENGTH OF STA)	/ IN 1b	c. CITY OR TOWN (If au	tside carparate li	mits, write RURA	L and give ned	prest town)
d. NAME OF HOSP	ital OR INSTITUTION (If not	t in haspital, gi	ive street address)	ш	d. STREET ADDRESS 33 Acorn C	irole			e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Emma		Middle A.	Hobbs	Last	4. DATE OF DEATH	Manth 6/22		Day Year
S. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRI		3/11/1884	9. A		IF UNDER 1 YEA Manths Day	
10a. USUAL OCCUPATION during mast of warkin House	ON (Give kind af wark dane ag life, even if retired)		ID OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Md.	& State, or foreign	country)	12. CITIZEN COUNT	OF WHAT
13. FATHER'S NAME	Charles Walt	ter			14. MOTHER'S MAIDEN I	vame rriet P	oulton		
1S. WAS DECEASED EV (Yes, no, ar unknown)	VER IN U.S. ARMED FORCES?) (If yes give wor or dates af	service) 16. S	OCIAL SECURITY NO.		NFORMANT Leonard Ho	bbs	Address Same	5 -	
	ry, which gave ate cause (a), lerlying cause	(o) <u>Cu</u> (o) <u>Cu</u>	(a), (b), and (c).)	rue,	of Bru	ust			INTERVAL BETWEEN OBSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS CO				HE TERMINAL DISEASE COM				19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (Enter nature of injury in	Part I ar Part II	af item 18.)		
20c. TIME OF IN	JURY Manth, Day, Year J.m. 19	20d. IN. While at wark	JURY OCCURRED Nat While at wark		E OF INJURY (Hame, farm ary, street, affice bldg., etc.)		ity or tawn)	(Caunty)	(State)
	tify that (I) (this hasp					966, ta 6	om causes a	, 19 <i>67</i> , and an the d	that (I) (we) last
22a. SIGNATURI	///	Jeens	egu	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE S	
22c. PHYSICIAN NAME (Typ		5 SA	WYER	M.D	22d. ADDRESS 480	8 H	cripore	e Ro	۷.
230. BURIAL, CREMAT REMOVAL (Speci Burial	fion, 23b. DATE THEI fy) 6/24/6		23c. NAME OF CE				ON Kity or Town	n) (Cou	inty) (State)
24. FUNERAL DIRECT	or J. Ruck Inc	e. Ba	ADDRESS 1to. Md.			BY REGISTRAR	1967 REGI	STRAR'S SIGNA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use os the burial-transit permit. Then please remove for you papers. Pages / end should be filed with the State Dept. at Heolth prior to burial, cremation, or removol, and in day every, within 72 hours after deat Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

and the second of the second o lenresdife modern language and the second railed garran Total Model Brancol . H. Draft P.B(S office the contract test from Later HE ating on inch the most to the

CERTIFICATE OF DEATH

のヴァブラ

1146	7 U		GERTIN TOTAL	E 0. D		0 4 6 6	N	
1. PLACE OF DEATH					(Where deceosed lived, if institu		oefore odmissi	90)
a. COUNTY Ba	altimore		MARYLAND	o. STATE	land b. COU	Balt	imore	et co
b. CITY DR TOWN	(If outside corporate limits nd give nearest town)	,	c. LENGTH OF STAY IN 1b		utside corporote limits, write RU	JRAL ond give ne	eorest town)	
	altimore		7 Weeks	Balt	imore, Marylan	nd 2121	13 30	.4
	ITAL OR INSTITUTION (If no	t in hospitol, g		d. STREET ADDRESS			e. IS RESII ON A F	
	ceater Balti	more M	edical Center	2916	Erdman Avenue	2	YES 🗌	NO X
3. NAME OF DECEASED	Fire		Middle	HORSEY	4. DATE Mon		22, Ye	67
(Type or print)		ABETH	NMN		DEATH		19	
SEX SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Months Do	AR IF UNDER	K 24 HRS. Min.
Female	Caucasion	WIDOWED		May 21, 18	Yrs.			
0o. USUAL OCCUPATIO			ND OF BUSINESS OR DUSTRY		(& Stote, or foreign country) nore, Maryland	COLUMN	N OF WHAT	A
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
McGeeney	Andrew		A	Innie Hogert	The state of the s			
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess		
(Yes, no, or unknown)	(If yes give wor or dotes of	service) 21	8 03 6760	Patient's	Chart			
	DEATH (Enter only one cous						INTERVAL BET	TWEEN
				of Liver (Ch	nolangioma), w	ith	ONSET AND I	
155			astases.	01 22102 (0.				
	w which move >		astases.			100		
rise to immedia		(b)						
stoting the und	erlying couse					1		
lost.		(c)						
PART II. OTHER	SIGNIFICANT CONDITIONS CO	INTRIBUTING T	O DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE (O	ONDITION GIVEN IN PART 1(0)		19. WAS AUT PERFORM YES X	NO [
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port I or Port II of item 18.)			
Hour o	JURY Month, Doy, Yeor m. 19	20d. IN While of work	Not While for	LACE OF INJURY (Home, for actory, street, office bldg., etc		(County)	(Stote)
21. I cert	tify that (1) (this has	oital) attend	ded the deceased from_	May 3,	19 67 , to June	22, 19 67	, that (f) (we) la:
saw the	deceased alive on	June 22	19 67, and th	at death occurred at	7:30A M, from causes	and an the	date stoted	d obav
220. SIGNATUR		11		M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE S		
22c. PHYSICIAN	S	ACC		22d. ADDRESS				
NAME (Typ	e) John E.	. Adams	s, M.D.	Grea	ater Baltimore	Medica	1 Cent	er
230. BURIAL, CREMAT			23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or To	own) (Co	ounty) (S	Stote)
REMOVAL (Speci								
24. FUNERAL DIRECT	DP 6-26-6	1	Parkwood (en	retery 1250 PEC	D BY REGISTRAR 2Sb. &	ESISTRAR'S SIGN		
John C.	Miller Inc-	CLIE D	Belair Road-21	206 DATE U		Cliarle	Judge	4
Joint 10	rucer inc-	UTI) D	euin Koad-21	ZUU DATPU	11 6 1001		11 0	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, within 72 hours after the the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

54

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION DF

0 8 8 6	4.		CEKTIFIC	AII	E OF DEATE	1			0	10		
1. PLACE DF DEAT a. COUNTY	Н				2. USUAL RESIDENCE	CE (Whe	re deceas	sed lived, If b. CO	UNTY		before a	dmission)
m.	altimore		MARYLA	ND	Maryland				Balt	imore		
b. CITY OR TOW	altimore /N (If outside corporate , and give nearest town	limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside	corpor	rate limits,	write RU	RAL and gl	ve neare:	st town)
	, and give nearest town vsville)	Years		Cockeysy	7i11	9			1 =	2,1	
		(if not in i	nospital, give street add	ress)	d. STREET ADDRESS					02	B. IS RES	
10615	York Road				10615 Yo	rk l	Road	, 6%			ON A I	FARM?
3. NAME OF DECEASED	Firs	t	Middle		Last	4. D	ATE	Mo	nth	Day		
(Type or print)	James		Vernon	Ho	ttes		EATH	Ju	ine 7	,	19	67
5. SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED	7 [8	B. DATE OF BIRTH		9. A	GE (In year ast birthday	s IF UNI	DER 1 YEAR		
Male	White	WIDOWED			July 18. 19	200	6		Monti	hs Days	Hours	Min.
10a. USUAL OCCUPAT	TIDN (Give kind of work do	one 10b. I	KIND DF BUSINESS OR		11. BIRTHPLACE (C				try) 12	. CITIZEN	OF WHAT	r'
during most of work Printer	ling life, even if retired)		INDUSTRY		D-2+4-		-	,		COUNTRY		
13. FATHER'S NAM	AF.				Baltimore,			nd		U.S.A		
	ge Hottes	0500 1 10		-	Katerine	e McI	Donn					
(Yes, no, or unkown)	EVER IN U.S. ARMED FDR (If yes give war or dates of s	CES? 16 service)	. SOCIAL SECURITYND.	17.	INFORMANT			Add	ress			
No		2	12-07-3603A	Mr	. James V.	Hot	tes	10615	York	Rd.		
18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and (c).		0 (11)					INTE	RVAL BE	TWEEN
	EATH WAS CAUSED BY:	(3	MAMINER	11	1 2 10	uc	000	0,		UNS	EI AND	DEATH
157X	IMMEDIATE CAUSE (00001000		# 100		we ca				TM	100
Conditions, If	any which \										•	
gave rise to	Immediate (_				
cause (a), s		0										
underlying caus	/	c)	UTINO TO DEATH DUE NO	TO FLA	TER SO THE TERMINAL	DIOCAGE	CONDI	FIONOWEN	IN DADE 1	1(a) 119.	WAS AL	ITOPCY
PAKI II. DI HEK	SIGNIFICANT CUNDITION	SUNIKIB	UTING TO DEATH BUT NO	i KELA	IED TO THE TERMINAL	DISEASE	CONDI	HOWGIAEM	INPARI	I(a) 15.	PERFOR	RMED?
ICA											S	NO 🗌
PART II. DTHER 20a. ACCIDENT DR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINE	2Db.	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f Injury	In Part	i or Part I	i of item	1 18.)		
₹ 2Dc. TIME OF	INJURY Month, Day, Y	ear 2Dd.	INJURY OCCURRED 12D	e. PLA	CE OF INJURY (Home, f	arm, 2	Df. (CI	ty or town)		(County)	(:	State)
2Dc. TIME OF Hour a. p.		While	Not While		ry, street, office bldg., e			Ville.				
p.	m. 19	at wo	rk at work	,				/ =		1		
21. I certi	fy that (1) (this hospi	tal), attend	ded the deceased fro			9.33	, to	10-1			hat (I) (
	ceased alive on	C.T.	/ - 19 6 /, and	d that	death occurred at	7A	M, from	the cause	es and c	on the dat	e stated	l above.
22a. SIGNATU	RE A IN VO	XIV	1 1		ATTENDING 5	MED.		STAFF _	22b.	. DATE SI	GNED	,
	TELSETE	TV	We)	M.D	. PHYS.	DIRECT	OR 🗌	PHYS.] 6	-7-	6/	
22c. PHYSICIA NAME (T	AN'S (ype)	3	UPL		22d. ADDRES6	91.1	cha	rlas	St	1300	To.	Mil
23a. BURIAL, CREM REMOVAL (So	MATIDN, 23b. DATE TH	IEREOF	23c. NAME OF CEM	IETERY	OR CREMATORY	230	. LOCA	ATION (City,	town or	county)	(S	tate)
Burial	6/9/67		Jesson Co	mo+	0.222		Span	rks, M	aryl	and		
24. FUNERAL DIR	ECTOR		Jessen Ce			C'D BY	REGIST	RARY 25HM	REGISTI	RAR'S SIGN	VATURE	
Wm. Cook-I	Brooks Towso	n 105	0 York Rd. 2	120	4 DATE U	IN 9	19	367	Melia	mlas (Juda	e
) DATES O			-6		- 6	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove garbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and on any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

AI5 (4) M 1/65

death.

3 3 2 3 olonia. 76 (5. 76 oc.cysvi?le cu es e 15 e ttes e time 1.1e 7, Hale hite Military National Telephone 212-17-1857 Mr. Shin in constant of the Charles

The second secon

hours ofter deoth.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.7	77	9	2
-----	----	---	---

の門門門者

0779	Z		CERTIF	ICAIL	OF DEATH			0 4 6 6 3	ž.
PLACE OF DEATH O. COUNTY	H				2. USUAL RESIDENCE	CE (Where deceosed	lived, if institut		efore odmission)
o. Cookii	Baltimore		MAR	YLAND		ryland	b. Coor	BAL	10.
	(If outside corporate limit and give neorest tawn) Catonsville		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside carporote	limits, write RUR	AL ond give ned	orest town)
d. NAME OF HOS	PITAL OR INSTITUTION (If n		ive street oddress)		d. STREET ADDRESS			0 1	e. IS RESIDENCE
	La Home				4603	Leeds Av	e. 212	29	ON A FARM?
3. NAME OF	Fi	irst	Middle		Lost	4. DATE	Mont	h /	Doy Year
(Type or print)		Elizabe	th C.		Houch	OF DEATH	J	une	22 1967
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	DI	8. DATE OF BIRTH	19.	AGE (In years	IF UNDER 1 YEA	
Fema1e	White	WIDOWED	DIVORCE		2/2/06		lost birthdoy)	Months Do	
	ION (Give kind of work done ng life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cou	unty & Stote, or forei	gn country)	12. CITIZEN COUNT	N OF WHAT
Hous	ewife	The state of the s	003161		100000	Marylan	d	COOKII	USA
13. FATHER'S NAME					14. MOTHER'S MAID		- 4.34		
	Morroon				L SINGS	Mary	Vmoha		
	Mersor EVER IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17. 1	NFORMANT	Hary	Addre	SS	01007
	n) (If yes give wor or dotes		16364935	Mar	Albomi	TI1			21227
No.	DEATH (Fabruary)		100	LIL	. Albert	I. Houck	803 F1	ancis A	
	DEATH (Enter only one con EATH WAS CAUSED BY:	use per lipre for	(b), (b), ond (c).)		11		1 -	-	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE		aceno	ane	- Vi	merc	The E	,	
151)	000	10		0		The	A.		
	nγ, which gove) iote couse (a),	(b)	Vener	w	To	1100	white	3	۵
	derlying couse DUE	10							
lost.		(c)							
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUL NOT REI	LATED TO	THE TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
ATIO	Klesk	ele	-//	el	low				YES NO
OR CONTRIBUTION	NAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury	y in Port I or Port I	l of item 18.)		
7	NJURY Month, Doy, Yeor	20d. IN While	JURY OCCURRED Not While		CE OF INJURY (Home, ory, street, office bldg.,		(City or town)	(County)	(Stote)
×	p.m. 19	ot work					0		2
21. I cer	rtify that (I) (this hos	pital) attend	led the deceased	from	april 20	1, 19.62, to			
saw the	deceased alive on_	6/2-1	196/	and that	t death accurred	at 6 = PM,	from couses	and an the a	date stated abo
220. SIGNATUR	RE John Y	0/1	5000	M.E	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	19GNED 23/67
22c. PHYSICIAN		10	-		22d. ADDRESS				1
NAMECLY	pe) John C	. Healy	1		1311	Francis	Ave.		
23o. BURIAL, CREMA	TION. 23b. DATE TH	EREOF	23c. NAME OF CEM	ETERY OR			TION (City or To	vn) (Cor	unty) (Stote)
REMOVAL (Spec Burial	rify)						altimor		
24. FUNERAL DIREC		/0/	ADDRESS		21229 250. 1	REC'D BY REGISTRAI		GISTRAR'S SIGNA	
	rd H. Hubbar	rd /.1	07 Wilkens			Els.		Clare la	
nowa	ra u. unppai	u 41	o, wrrkeus	ave	• DATE	HIN 7 Q 1	UL'I VI	Mary By	a Veeda'

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely they he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours offer deat **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

SECTO STATE OF THE PROPERTY OF THE PARTY OF

Free ... 9 201 00 00

Tours Tours

THE PARTY OF THE RESERVE OF THE PROPERTY OF TH

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY altimore b. CITY OR TOWN (If autside corporate limits, write RURAL and give peorest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) event, within 72 haurs af WALKERSVILLE d. STREET ADDRESS Mt. Wilson My weeks d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? Mt. Wilson State Hospital NO T 3. NAME OF and campletely f remave carban Last 4. DATE Month DECEASED OF DEATH HOUCH HOMAS (Type or print) JUNE S. SEX 9. AGE (In years NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED last birthday) inany DIVORCED | WIDOWED 10a. USUAL OCCUPATION (Give kind af wark dane during most of working lite, even if retired)

FARMHAND 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, MARY JANE GEESEY 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service) Records, Mt. Wilson State Hospital 215-20-8263 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: FAR ADVANCED PULMINITRY IUBEREULOSIS ONSET AND DEATH IMMEDIATE CAUSE (g). DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar ta 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? HEART DISEASE NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Haur a.m. foctory, street, affice bldg., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram____ , 19____, ta____ . 19____, that (I) (we) last 22g. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. 22c. PHYSICIAN'S Newcomer, M.D., Supt. Mt. Wilson, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate

designed on the second

DESCRIPTION OF STREET

ladiger a such months of , in the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs affect Dept. 56

VR A15 (4) 25M 1/67

DIVISION OF	THAL RECURDS, 301 W. PRESTO		, MAKTLAND ZIZUI	
07794	CERTIFICATE	OF DEATH		07776
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	e deceosed lived, if institution b. COUN	nn: Residence before admission)
b. CITY OR TOWN (If autside carporate limits, write RUNAL and give pagrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	reporate limits, write RUR	A) and give nearest sewn)
d. NAME OF HOSPITAL OR INSTITUTION OF hot in I	18 days	d. STREET ADDRESS	Till	e. IS RESIDENCE
Greater Bal	temore medical Cent	13508	Fella	on a FARM? YES \ NO E
3. NAME OF DECEASED (Type or print)	t NMN	House 4.	DATE Month OF DEATH	28 1967
AA //.	MARRIED NEVER MARRIED B	B. DATE OF BIRTH	9. AGE (In years last birthdoy) yrs.	Manths Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done dwing roos of working life Even if retired)	10b. KIND OF BUSINESS OR BETN Steel	11. BIRTHPTACE (County & Sto		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	ause	Kather's Maiden Name		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war ar dates af serv	ice) 16. SOCIAL SECURITY NO. 17. II	Patient	Chart v	Allian House,
18. CAUSE OF DEATH (Enter only one couse pe PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (o), (b), and (c).) Me factabe, Ca	as en mon al	E. Pan	INTERVAL BETWEEN ONSET AND DEATH
1621 DUE TO	1			
Conditians, if any, which gave (b)	l'an evast 1	umus - lu	ing rt.	1 year
stoting the underlying couse DUE TO last. (c)			0	(1
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	I or Port II of item 1B.)	
20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m. p.m.		CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City or tawn)	(County) (State)
21. I certify that (I) (this haspital	Dattended the deceased fram	gune 11, 196	1 10	8, 19 6 7, that (1) (we) lo
saw the deceased alive an Ju	ne 28 1967, and that	death accurred at Y.	AM, fram causes of	and an the date stated above
220. SIGNATURE Ludilina M.	Ofeyza M.D		CTOR STAFF PHYS.	22b. DATE SIGNED 67
22c. PHYSICIAN'S NAME (Type) LUDILINA	M. OFFYZA	GBMC - 6	70/ N. Ch	arter It
230. BURIAL, CREMATION, 23b. DATE THEREOF 7/1/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tow Balto., M	, , , , ,
24. FUNERAL DIRECTOR Schimunek Fur 3331 Brehms		2So. REC'D BY	REGISTRAR 25b. REG	SISTRAR'S SIGNATURE

THE PROPERTY. 四年 41 The state of the s Margol .m. 1 FEE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07795

CERTIFICATE OF DEATH

07777

		PLACE OF DEATH .	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
1		a. COUNTY BALTINOTE MARYLAND	o. STATE b. COUNTY
			MARYLAND
VI)		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If Gutside corporate limits, write RURAL and give nearest tawn)
	(CATONSUILLE	BALTIMORE 30.4
		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	d. STREET ADDRESS e. IS RESIDENCE
90		333 HAYLEM LANE	1702 RAYSAY TO VES NO DE
10	-		
		NAME OF DECEASED (Type of print) LILLIAN (LILLY) Middle	HUME DATE Manth Day Year OF DEATH SUNE 11 1967
	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	1		Nov. 25, 1881 Syrs. Months Days Hours Min.
		i. USUAL OCCUPATION (Give kind of work dane ing most of working life, even if patired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign country) 12. CITIZEN OF WHAT COUNTRY ?
	_	Housewife Donestic	VIRGINIA 4.J.H.
	13.	FATHER'S NAME	14. MOTHER'S MATDEN NAME
		WILLIAM H. CARNEALE	MARIA Thomas.
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
	(Ye	es, ng, or unknown) (If yes give war ar dates of service)	DANIEL HUME 216 OS BERNE AUE.
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (0) Grand Ye goods	ie Buchenheung (Stock)
		609X DUE TO	
		Conditions, if ony, which gove) (b) Unique 14	Valt Luhoction
		rise to immediate cause (a),	
		stating the underlying cause (c)	
			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
2	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED?
0	CERTIFICATION	Chronic Brain Squarome	YES NO
	TIFIC		(Enter nature of injury in Part I or Part II of item 18.)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL		CE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
	VED!	Hour o.m. While Nat While foct	ory, street, affice bldg., etc.)
	-	p.m. 19 of wark U of work U	
		21. I certify that (I) (this haspital) attended the deceased fram_	
		saw the deceased alive an 6-11-1961, and tha	t death accurred at 11 PM, fram causes and an the date stated above.
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		M.	D. ATTENDING DIRECTOR DIRECTOR PHYS. DI 6-12-67
		22c. PHYSICIAN'S CARROLLALIE CANTERD	22d. ADDRESS / 1/ &
1		NAME (Type) CESAR VALLE CAVERO	3629 Liberty Let.
	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
		BEMOVALSpecify 6 -13 -67 Loudon Park	
0	_	FUNERAL DIRECTOR & hwab Muneral ADDISONE	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
K	2		- 0001 1 3 446
121.	1	Trancos W. Maller 2101 Hickorick as	re. att N 1 4 1967 / Maries Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then prease remave carban papers. Pages—L and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or remavol, and any event, within 72 hours often death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

SO LINGS TO SELECT THE SECOND SECOND

1387

VR A15 (4

MARYLAND STATE DEPARTMENT OF HEALTH

07796 CERTIFICATE OF DEATH

	PLACE OF DEATH COUNTY Baltimore MARYLAND	e. STATE b. COUNTY Maryland	dence before edmission)							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Parkville	c. CITY OR TOWN (If outside corporete limits, write RURAL end gi	ve neerest town)							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?							
	7815 Daniel Avenue	7815 Daniel Avenue	YES NO							
3.	NAME OF First Middle DECEASED (Type or print) OTTILLE INGE HUP:	FELD 4. DATE Month OF DEATH June 20	19 67							
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE								
		March 1, 1894 73 yrs.								
do	Housewife at Home	Baltimore, Maryland 14. MOTHER'S MAIDEN NAME	USA							
	Harry G. Revier	Martha								
	was deceased ever in u.s. armed forces? 16. social security no. 17. 18. no. or unkown) (flyesgive were detected as a contract of the contract	Mr. Howard F. Hupfeld-7815	Daniel Av							
	18. CAUSE OF DEATH [Enter only one cause par line for (a) (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO	tue G. V. Disease	INTERVAL BÉTWEEN ONSET AND DEATH							
NO	Conditions, if eny, which gove rise to immediate ceuse (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	e) 19. WAS AUTOPSY PERFORMED?							
S			YES NO							
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.)									
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County tory, street, office bldg., etc.)								
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.67., and that	death occurred at 2 4M, from the causes and on the								
		ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	6/21/67 DATE SIGNED							
	Name (Type) Nathan Janney, M.D.	7101 Harford Road								
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial June 23, 67 Baltimore	Cemetery Baltimore Cit								
24	FUNERAL DIRECTOR'S SIGNATURE H. Sander & Sons, Inc., Baltimor	e, Ma. DALUN 2 3 1967 Policarles								

Perkyllie

1-

Maryland Editimore

Persyalle - 21234

7815 Duniet Avenue 1

organi Ingres Print

OTHER INC. SUPPLIES THE 20, 8 67

Fennse om White - best T tweet Merch 1, 1896 | 93 all

Housewite to Lone Heltimore, Maryland USA

androll

219-09-9719H Nr. Howerd F. Hupfeld-7815 Daniel Ave

Mathen Jeans, M.D. Will Marford Bond

Judel June 23, 167 Feltimore Demosery Biltimore City, Ed. b

S. sander - Sont, Inc. , Brithmere, tel _ Hill & R. ger

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07797				CERTIFICA	TE OF	DEATH			07	779		
1.	PLACE OF DEATH					11	SUAL RESIDENCE	(Where deceased			nce befar	e admissi	on)
	a. COUNTY	altimore			MARYLAND	a.	STATE Mar	vland	b. COU		alt.	imo	re
	b. CITY OR TOWN (If outside corporate limit	ts,	c. LENGT	H OF STAY IN 1b	c. CI	TY OR TOWN (If a		limits, write RU				
	Steven	d give nearest tawn)					Steven	son			03	2. /	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspit	al, give street	oddress)	d. 5	REET ADDRESS					e IS RESI	DENCE
	Valley	Road					Valley	Road	(Ventu	re)		ON A F	NO A
3.	NAME OF		irst		Middle		Last	4. DATE	Man		Doy	Ye	ar
	DECEASED (Type or print)	Catha	rine	Bond	Jacks	on		OF DEATH	Jun	ne 20).	19	67
S.	SEX	6. COLOR OR RACE	7. MARRI		ER MARRIED	1	E OF BIRTH	9. /	GE (In years	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.
	F	W	WIDOW	ED 🔽	DIVORCED	11/1	0/1893		71 yrs.	Months	Days	Haurs	Min.
		(Give kind of work dane	101	. KIND OF BUS	INESS OR	1	BIRTHPLACE (County				ITIZEN OF		
du	ing mast at working Home	life, even if retired)		Own I	Iome		Baltim	ore. M	d.	((DUNTRY?	U	.S.
13.	FATHER'S NAME					14.	MOTHER'S MAIDEN						
И	Hugh L	enox Bond					essie	VanRen	nslar				
15	WAS DECEASED OU	DINILIC ADMED FORCES		16. SOCIAL SEC	URITY NO. 1	7. INFORM			Addr	ess			
(Y	es, no, or unknawn)	(If yes give war or dates	af service)		F	deha	rd N.	Jackso	n. Jr.	-00	(S	ame)
=		EATH (Enter only ane ca		for (a) (b) or	d (c))						-	ERVAL BET	
M		TH WAS CAUSED BY:		101 (0), (0), 01	iu (c).)	10	ic her	. 7 de	1111		ON	SET AND E	DEATH
	4200	IMMEDIATE CAUSE	(0)	SILL	ravice	eso	ic her	W ac			11	W W	CKSA
	Canditians, if any				-								
	rise ta immediot	e cause (a),	(b)								+		-
П	stating the unde	rlying cause	(c)										
		GNIFICANT CONDITIONS		IC TO DEATH D	HT NOT BELATED	TO THE TER	MINAL DICEASE CO	MIDITION CIVEN I	AL DADT 1/a\		10	WAS AUT	OPSY
NO	PART II. OTHER SI	2 /	CONTRIBUTII	10 TO DEATH D	NOT KELATED	-	MINAL DISLASE CO	MUITON GIVEN	IN FAKT I(U)			PERFORM	MED?
R	OO- ACCIDENT WA	selnona	200	mys.	WALL OCCUPA	ED (5-1-		D- 4 I D -4 II	f : 10)			ES	NO [
CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	200	. DESCRIBE HOY	Y INJORY OCCURR	ED. (Enter	noture af injury in	ran I ar ran II	at item 18.)				
MEDICAL	20c. TIME OF INJ	JRY Manth, Doy, Year	20	d. INJURY OCCU			NJURY (Hame, far		City ar tawn)	(Co	ytauc		(State)
MED	Hour a.i	10			While vark	factory, str	eet, affice bldg., etc	:.)					
		fy that (I) (this ho:						19 48 to	200	20, 19	67 th	at (1) (we) la
		eceased alive on_	Com	1191	9 67 , and 1	hat deat	h accurred a	11 a M.	rom causes	and an t	he dat	e stated	d abov
	22o. SIGNATURE		1								ATE SIGN		
		Paro	H 1	Pory	al		TENDING IYS.	MED. DIRECTOR	STAFF C	21	In	~ 6	7
	22c. PHYSICIAN'S	D				1	2d. ADDRESS			262	V		
	NAME (Type	Dr. P	aul	H. Roy	730			Pikesv	ille,	Md.			
23	BURIAL, CREMATIC	ON, 23b. DATE TH	IEREOF	23c. NA	ME OF CEMETERY	OR CREMA	TORY .	23d. LOCA	TION (City or To	wn)	(County) (5	Stote)
	REMOVAL (Specify Burial	6/22/	1967	St	Thoma	S		Garr	ison F	ores	t.	Mo	d.
2	. FUNERAL DIRECTO	R		A	DDRESS			'D BY REGISTRAR	2Sb. RE	EGISTRAR'S	SIGNATUR	RE	
H	. W. Jer	nkins & S			905 Yor	K Kd	DATE J	U. 23	1967	Milan	May,	Judy	IL.
-			DETP	0. 12	, Mad ,							-	

within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye across pages. Pages 1 and should be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retoined by the hospital or ottending physician.

VR A15 (4) 25M 1/67

The state of the s . The second of the second sec (small to the distinct of the plan the English B. Factors - Stockers and a

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages A article should be filled with the State Dept. of Health prior to burial, cramation, or removal, and many event, within 72 hours after creat.

MADVIAND STATE DEPARTMENT OF HEALTH

	MINICIENTED OTHER DET	3.41.4 0 141				
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE '	I, MARYLAND
07798	CERTIFICATE	OF	DEATH		n	7780

)	1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland Baltimore							
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)								
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESID							
10		522 Castle Drive		0 4						
	3.	(i) po or printy	ENKINS 4. DATE Month Day Year DEATH 6/17/67 19							
1		SEX 6. COLOR OR RACE 7. MARRIED 8 NEVER MARRIED 8	June 2, 1893 (Jast birthday) Months Days Hours	4 HRS. Min.						
1	dur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Bookbinder	Baltimore, Md. 12. CITIZEN OF WHAT USANTRY?							
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
		es, no, or unkown) (If yes nive war or dates of service)	Ella Ford INFORMANT -Mrs. Beulah W. Jenkins Drive							
			522 Castle Drive	VEEN						
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DE							
		IMMEDIATE CAUSE (a) My Curatel	sufarcture puma	0						
d		Conditions, If any, which \ (b) Researches (4)	10 Let ma							
		yeris ecurasis	0.1							
	-	gave rise to Immediate cause (a), stating the underlying cause last.	0	0						
2	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORM							
	CERTIF	20a. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (Starry, street, office bldg., etc.)	ate)						
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 17.19.67, and that	death occurred at 4.6 M, from the causes and on the date stated a	e) last above.						
		22a. SIGNATURE	22b. OATE SIGNED							
46		Trederick (Vallence M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. D 4-19-67	7_						
/		22c. PHYSICIAN'S NAME (Type) Fred. Vollmer, M.D. 22d. ADDRESS Gork Re Bultus								
/	23a	Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Burial 6/28/67 Balto. Nat	'1 Cem. Baltimore	te)						
P	24 [V]	FUNERAL DIRECTOR LITTLE HOME - 6500 York 21212	Rd. 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							

VR / 20M A15 (4) M 1/65

1 7:

The field of the same of the s

O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fuperal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07793 CERTIFICATE OF DEATH

	PLACE DF DEATH	1			2. USUAL RESIDENC	E (Where de			sidence b	before ad	mission)	
	a. COUNTY	BAL	TIMORE	a. STATE MARYLAND b. COUNTY								
	b. CITY OR TOW	N (If outside c	orporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	WITTE RURAL	TOUSO			BALTIMO	BALTINORE 30					2.4	
	d. NAME OF HOS			hospital, give street address)	d. STREET ADDRESS	1043			е.	e. IS RESIDENCE ON A FARM?		
	Chass	noako	Nursing I	Tome	4000 Gr	eenwa	V		YE	-	NO TY	
3.	NAME OF	apcane.	First	Middle	Last 4. DATE Month Di					Yea	7	
	(Type or print)		MARY	ADELATDE J	ENKINS	OF DEAT	H June	1	5	196	7	
5.	SEX	6. COLOR OR		120 200 200 200	8. DATE OF BIRTH	9	AGE (In years I	IF LINDER 1	YEAR II	FUNDER	24 HRS.	
	Female	White	WIDOWE	ED DIVORCED	Sept.6,1876	550	last birthday)	Months	Days	Hours	Min.	
102	a. USUAL OCCUPAT	ION (Give kind	f work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (Co		3) 12. CI	TIZEN O			
aur	ing most of work	Ing lire, even in	retired)	NONE	BALTIMOR	B, MAR	YLAND	COI	UNIKIT			
13.	FATHER'S NAM	E			14. MOTHER'S MAID							
		Edwar	d Austin	Jenkins	Adela	ide L	owe					
15	. WAS DECEASED	EVER IN U.S. AR	MED FORCES? 1	6. SOCIAL SECURITY NO. 17.	INFORMANT: sist	er-in	-law Addres	ss	C	ity.		
(16	es, no, or unkown)	(IT yes give war o		20-44-3394 Mr	s. Louis L.	Jenk	ins.14 W	.Cold				
	18. CAUSE OF	DEATH [Enter	only one cause pe	r line for (a), (b), and (c).]				1	INTER	VAL BET	WEEN	
	PART I. DE	EATH WAS CAU	SED BY:	liao failure, pu	lmanany aede	am.a				T AND D		
	4437		DUE TO	THO TATTIMAS A	Clarent y out	- 110						
	Conditions, If	any, which	(b) Hype	rtensive cardic	vascular di	sease		1	5 pl	ius ;	yrs.	
	gave rise to immediate DUE TO											
	cause (a), stating the underlying cause last. (c) Arteriosclerosis, severe, generalized (age 90)											
	underlying caus	se last.	(c) Arte	riosolerosis,	evere, gener	ralize	d (age 9)	0)		?		
NOI				eriosolerosis, a						? WAS AU		
ICATION	PART II. OTHER S		ONDITIONS CONTRI		ATED TO THE TERMINAL D					PERFOR		
RTIFICATION	PART II. OTHER S	SIGNIFICANT CO	ONDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	years	DISEASE CO	NDITION GIVEN IN	PART 1(a)	YES	PERFOR	MED?	
CERTIFICATION	PART II. OTHER S	nphysema WAS UNDERLY	DINDITIONS CONTRI	BUTING TO DEATH BUT NOT REL	years	DISEASE CO	NDITION GIVEN IN	PART 1(a)	YES	PERFOR	MED?	
	PART II. OTHER S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO: 20c. TIME OF	NAS UNDERLY ING CAUSE TIFY MEDICAL INJURY MONTH	ING 20b. DF DEATH EXAMINER)	BUTING TO DEATH BUT NOT REL 15 plus DESCRIBE HOW INJURY OCCURRED 200. PL	ATED TO THE TERMINAL DESCRIPTION OF THE PROPERTY OF THE PROPER	f injury in i	NDITION GIVEN IN	PART 1(a)	YES	PERFORI	MED?	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r	MAS UNDERLY ING CAUSE TIFY MEDICAL INJURY MONTH	DNDITIONS CONTRI	DESCRIBE HOW INJURY OCCURRED INJURY OCCURRED OUT OF THE PROOF OF THE	Years URRED. (Enter nature of	f injury in i	NDITION GIVEN IN	PART1(a)	YES	PERFORI	MED?	
MEDICAL CERTIFICATION	PART II. OTHER S 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r.	SIGNIFICANT CO nphysems WAS UNDERLY UNG CAUSE TIFY MEDICAL INJURY MONTH n.	DINDITIONS CONTRI BOTOR BOTO	DESCRIBE HOW INJURY OCCURRED 100 PL fact or work of the deceased from 100 plants of the deceas	years URRED. (Enter nature of ACE OF INJURY (Home, fa ory, street, office bldg., e	f injury in i	Part I or Part II or (City or town)	PART 1(a) of Item 18.) (Cour	YES	(S	MED? NO Tale tate)	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r p.r 21. I certif	MAS UNDERLY WAS UNDERLY WAS UNDERLY TIFY MEDICAL INJURY MONTH IN. M. My that (4) (th)	DINDITIONS CONTRI S. SETER DISTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS	DESCRIBE HOW INJURY OCCURRED 100 PL fact or work of the deceased from 100 plants of the deceas	years URRED. (Enter nature of ACE OF INJURY (Home, fa ory, street, office bldg., e	f injury in i	Part I or Part II or (City or town)	PART 1(a) of Item 18.) (Cour	YES	(S	MED? NO Tale tate)	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r p.r 21. I certif	MAS UNDERLY INJURY MONTH INJU	DINDITIONS CONTRI S. SETER DISTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS	DESCRIBE HOW INJURY OCCURRED 100 PL fact or work of the deceased from 100 plants of the deceas	years URRED. (Enter nature of ACE OF INJURY (Home, fa ory, street, office bidg., e leteber , 1 at death occurred at	f injury in infarm, 20f.	Part I or Part II or (City or town) June 15 rom the causes	PART 1(a) of Item 18.) (Cour	yES	(Sat (I) (W	MED? NO Tale tate)	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r p.r 21. I certif saw the dec	MAS UNDERLY INJURY MONTH INJU	DINDITIONS CONTRI S. SETER DISTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRI DISTRIBUTIONS CONTRIBUTIONS	DESCRIBE HOW INJURY OCCURRED 100 PL fact or work of the deceased from 100 plants of the deceas	TENDING ATTENDING	f injury in i	Part I or Part II or (City or town) June 15 rom the causes	PART 1(a) of Item 18.) (Cour., 19.67 and on the	nty) 7_, thane date	(Sat (I) (W	MED? NO Tale tate)	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r p.r 21. I certif saw the de 22a. SIGNATUR 22c. PHYSICIA	INJURY MONTH. Ty that (3 (thickes) (3 (thickes) (3 (thickes)) The state of the st	ING 20b. OF DEATH EXAMINER) To pay, Year 20d While at w is hospital) atternorm.	DESCRIBE HOW INJURY OCCURRED 100 Act work 100 Act work 100 Act with 100 Act work 100 Act with 100 Act work 10	ATTENDING PHYS.	f injury in information of the second of the	Part I or Part II or (City or town) June 15 rom the causes STAFF PHYS.	PART 1(a) of Item 18.) (Cour., 19.67 and on the 22b. DA	YES nty) 7 , that date are sign	(Sat (I) (W	MED? NO Tale tate)	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r p.: 21. I certif saw the de 22a. SIGNATUI 22c. PHYSICIA NAME (T)	INJURY MONTH. Ty that (3 (thiceased alive RE AN'S SIGNIFICANT CO. TO THE MEDICAL TO THE M	ING ODER DEATH EXAMINER) To Day, Year 20d While at w is hospital) atternor with the control of	DESCRIBE HOW INJURY OCCURRED 100 PL fact ork at work 1967, and the M. M. D.	ATTENDING PHYS. ACTED TO THE TERMINAL E YEARS URRED. (Enter nature of the cory, street, office bldg., e ACTED BY ATTENDING PHYS. 22d. ADDRESS 18 E • Ea	f injury in infarm, 20f. 950, to 1:45M, f MED. DIRECTOR	Part I or Part II of (City or town) June 15 from the causes STAFF PHYS. Balt 1:	PART1(a) of Item 18.) (Cour., 1967 and on the 22b. DA 6/10	YES nty) 7 , thane date ATE SIGN Md.	(Somet (I) (wastated	MED? NO x tate) re) last above.	
	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO' 20c. TIME OF Hour a.r. p.1. 21. I certif saw the dei 22a. SIGNATUI 22c. PHYSICIA NAME (T)	MAS UNDERLY ING CAUSE TIFY MEDICAL INJURY MONTH IN. Ty that (3 (thi ceased alive RE AN'S YPE) B. H. MATION, 23b.	ING 20b. OF DEATH EXAMINER) To pay, Year 20d While at w is hospital) atternorm.	DESCRIBE HOW INJURY OCCURRED 100 Act work 100 Act work 100 Act with 100 Act work 100 Act with 100 Act work 10	ATTENDING PHYS. ACTED TO THE TERMINAL E YEARS URRED. (Enter nature of the cory, street, office bldg., e ACTED BY ATTENDING PHYS. 22d. ADDRESS 18 E • Ea	f injury in infarm, 20f. 950, to 1:45M, f MED. DIRECTOR	Part I or Part II or (City or town) June 15 rom the causes STAFF PHYS.	PART1(a) of Item 18.) (Cour., 1967 and on the 22b. DA 6/10	YES nty) 7 , thane date ATE SIGN Md.	(Somet (I) (wastated	MED? NO Tale tate)	
MEDICAL	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO' 20c. TIME OF Hour a.r. p.i. 21. I certifi saw the de 22a. SIGNATUI 22c. PHYSICIA NAME (T) a. BURIAL, CREM REMOVAL (Spe	WAS UNDERLY ING CAUSE TIFY MEDICAL INJURY MONTH IN. IN that (1) (thi ceased alive RE AN'S TATION, 23b. eelfy) all Ju	ING 20b. OF DEATH EXAMINER) In Day, Year 20d While at w 20 at	DESCRIBE HOW INJURY OCCURRED Took at work and the deceased from 15 1967, and the 123c. NAME OF CEMETER 967 Cathedra	ATTENDING PHYS. ATTENDING PHYS. 22d. ADDRESS Y OR CREMATORY	f injury in in arm, 20f. 950, to 1:45M, f MED. DIRECTOR 23d. 1	Part I or Part II of (City or town) June 15 rom the causes STAFF PHYS. DOCATION (City, to all time or each of the cause)	PART 1(a) of Item 18.) (Cour., 1967 and on the 22b. Date 6/16 own or cour.	YES nty) 7 , than date are sign 6/67 Md.	(Stated	MED? NO x tate) re) last above.	
WEDICAL MEDICAL	PART II. OTHERS 20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO 20c. TIME OF Hour a.r. p.1 21. I certif saw the de 22a. SIGNATU 22c. PHYSICIA NAME (T) BURIAL, CREM REMOVAL (SP) BURIAL FUNERAL DIRE	ANYS ATTION, ATTION, ATTION, BEGINNICANT ANTION, ATTION, BEGINNICANT ATTION, ATTION,	ING ODER DEATH EXAMINER) To Day, Year 20d While 19 at w 200 with	DESCRIBE HOW INJURY OCCURRED 200. PL fact ork at work 15 1967, and that 123c. NAME OF CEMETER 125 126.	ATTENDING PHYS. 22d. ADDRESS Y OR CREMATORY 1 25a. REI	f injury in in arm, 20f. 950, to 1145M, f MED. TOR ger St 23d. 1 Ba C'D BY REG	Part I or Part II of (City or town) June 15 rom the causes STAFF PHYS. COCATION (City, to the cause) I timore.	PART 1(a) of Item 18.) (Cour., 1967 and on the 22b. Date 6/16 own or cour.	YES nty) 7 , than e date are sign 5/67 Md.	(Stature	MED? NO x tate) re) last above.	

The state of the control of the cont

The state of the s

The all the same of the same o

GOVERN THE THE PARTY OF THE PAR

n. K. nasledat, M.D. 18 . Tagne No., Baltimore, Ma.

TREE SEA THURSDAY SEAL THE SEAL OF THE SEA

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	7800			CERTIFICAT	E OF DEATH		07	782	
1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE MARYLAND b. COUNTY BALPIMORE					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)			c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporote limits, write RURAL and give BALTIMORE 21228			ve nearest town)		
		AL OR INSTITUTION (If no			d. STREET ADDRESS 48 DELRES	Y AVENUE		e. IS RESIDENCE ON A FARM? YES NO.B	
	ME OF EASED e or print)		rst RTHUR	Middle B •	JOHNSON	4. DATE OF DEATH	Month JUNE	Doy Year 19 19 67	
S. SEX	E	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH JUNE 4, 18	9. AGE (II lost b)	n yeors IF UND irthdoy) Month	DER 1 YEAR IF UNDER 24 HR: s Doys Hours Min.	
during i	most of working ALESMAN	(Give kind of work done life, even if retired)	1 11	IND OF BUSINESS OR IDUSTRY SHOE STORE	PORT CHI	y & Stote, or foreign cour ESTER, NEW		CITIZEN OF WHAT COUNTRY?	
	THER'S NAME WARD JO	HNSON			14. MOTHER'S MAIDEN	LIE MC GIL	L		
IS. W. (Yes, n	AS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	of service)	SOCIAL SECURITY NO. 17.	IT. INFORMANT Marie Johnson-48 Delrey Ave. CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD.				
Co	PART I. DEAT A granditions, if ony, e to immediate oring the under	e couse (o),	(o) BR((o), (b), and (c).) DNCHOPNEUMONIA				INTERVAL BETWEEN ONSET AND DEATH RECENT	
FICATION		INSON DISE		TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PAI	RT I(o)	19. WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH (If FITHER MOTIFY MEDICAL EYAMINER)									
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While Not While foctory, street, office bldg., etc.)									
21. I certify that (x) (this haspital) attended the deceased fram 6/3/67, 19 to 6/19/67, 19 saw the deceased alive an 6/19/67 19, and that death accurred of 300 AM, fram causes and an the 220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DAT DIRECTOR PHYS.									
1	NAME (Type)			, M. D.	VAH FOR	T HOWARD,			
	URIAL, CREMATIC EMOVAL (Specify) URIAL		EREOF 2/67	23c. NAME OF CEMETERY O		CATONS	Civia Town	(County) (Stote) ARYLAND	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours after dea Page 4 may be retained by the hospital or ottending physician. 2 VR A15 VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

(County)

MARYLAND 2Sb. REGISTRAR'S SIGNATURE

WITZKE FUNERAL HOME 2So. REC'D BY REGISTRAF

4101 Edmondson Ave.

07782

THE REST OF THE WINDS OF THE PERSON OF THE P

SHOWLINEAR	GLATOLIS		\$966602.064
	BESES INCREDIAL	STAT 41	CELANGE TROS
	TURBYN MOLLSE SA	TWILING HOLD	RIBULIKA BKALLIKY
- 24		.d sum	MA
	THE 4, USS 18		SULIN STAT
.A.O.U	POST CHRISTON, BIN YORK	SHOUR SCALE	BELLEVILLE
	and in single		MORRESUS KELANCE
an divines	Distriction, volumes and learned	el et to sts	7. W 2017
		LUSTOPENDICHE	

GRAINER PROPERTY SEALOND NEW ACCUSE.

CONTRACTOR STATE .cva _buhogont__244

FUELWALL OF THEOL

MARYLAND STATE DEPARTMENT OF HEALTH

AT ANGLE TO ALBERT AND ACT OF MENT AND ACT OF THE ACT O

.0835

YICHTIAN

MARYLAND STATE DEPARTMENT OF HEALTH

35 T. 27 110 T. WILLIAM TO 1.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07803

CERTIFICATE OF DEATH

060	UU		CERTIFICA	ALE OF DEATH			0770	5			
1. PLACE OF D a. COUNTY	BALTIMORI	BALTIMORE MARYLAND			USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE MARYLAND b. COUNTY						
b. CITY OR T	OWN (If autside corporate limi RAL and give nearest tawn)	ts, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	rate limits, write RU	JRAL ond give	neorest town)		
FOR	P HOWARD	WARD 29 DAYS			BALTIMORE						
d. NAME OF	HOSPITAL OR INSTITUTION (If n	ot in haspital, give	street address)	d. STREET ADDRESS	d. STREET ADDRESS						
VE	PERANS ADMINIS	STRATION	HOSPITAL	1454 Id	ght St	reet		YES [A FARM?		
3. NAME OF		irst	Middle	Last	4. DATE		ith	Day	Year		
DECEASED (Type ar prir	nt) VE	RNON	A.	JOYCE		OF JUNE		23 19 6			
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months 1		DER 24 HRS.		
MALE	WHITE	WIDOWED _	DIVORCED [APRIL 3,	1906	61 yrs.	MOITINS	Days Haur	rs Min.		
10a. USUAL OCCL	IPATION (Give kind of work dane vorking life, even if retired)	10b. KIND	OF BUSINESS OR	11. BIRTHPLACE (Cou	11. BIRTHPLACE (County & State, or fareign country)			12. CITIZEN OF WHAT			
ROOFE		INDOS	IKI	BALTIMO	RE, MA	RYLAND	COL	S.A.			
13. FATHER'S N	AME			14. MOTHER'S MAID	EN NAME						
WIL	LIAM JOYCE			ELLA	CLARDY						
IS. WAS DECEA	SED EVER IN U.S. ARMED FORCES?	16. SOCI		17. INFORMANT		Addr					
YES	(If yes give war or dates	218	3 05 05 89	CLIN. RECORDS	, VA H	OSPITAL,	FT HOV	MARD, I	MD.		
18. CAUSE PART	OF DEATH (Enter only one co	BRONCH	(b), and (c).) OPNEUMONIA					INTERVAL I			
10	1/63 × DIF TO								1143		
	Conditions, if any, which gove) CARCINOMA OF LUNG WITH METASTASIS							2 YEARS +			
	rise to immediate cause (a),										
last.	storing the orderlying coose										
PART II. OT	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										
PARA	PLEGIA DUE TO	METASTAS	IS TO THE	SPINE		85 4		YES T	NO NO		
20a. ACCIDE OR CONTRIB	NT WAS UNCERLYING BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)			RED. (Enter nature of injury	in Part I or Pa	art II of item 18.)	5,34	7 10 0			
20c. TIME	OF INJURY Manth, Day, Year our a.m. p.m. 19	20d. INJUR While of wark	Nat While factory, street, office bldg., etc.)			(City or town)	or town) (Caunty)				
21. I	21. 1 certify that (this haspital) attended the deceased fram 5/25/67, 19, ta 6/23/67, 19, that (we) last saw the deceased alive an 6/23/67, 19, and that death accurred at 2:45PM, from causes and an the date stated above.										
22a. SIGN								TE SIGNED	ed abave		
	M.D. ATTENOING MED. STAFF & 6/23,										
22c. PHYS NAME	ICIAN'S PETER V	JUVAN, M	i. D.	VAH FOF	RT HOWA	RD, MARYI					
23a. BURIAL, CR REMOVAL (BURI	EMATION, 23b. DATE TH Specify) 6/27		23c. NAME OF CEMETERY		23d L	LOCATION (City or To	own) (County) Oward ((State)		
24. FUNERAL D		, ,					EGISTRAR'S SIG	- 1	id.		
MEP	Iles Ferreral	Land MC	CULIY FUN	ERAL HOME SO. R	ECO DI KLOIS	230. KI	EGISTRAR S SIG	A			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in any profit, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Page 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 25M 1/67 Thereigh within State . LATERSON VORDARESTER AND BUSINESS TO

A VE LEVIL

SUMON HAZOLINE

ALLOW GLADE STREET

APRILL J. 1900

TOP ALGE

238 OF 65 BY CLIP, RECORDS, FA HEREIGHT, FE HOWARD, NO.

D/23/67

Section and the contract

Nach and American State of the State of the

CLEAR WINDOWS AND ACCOUNTS

CHIEFE SET OF SERABBASED OF THE BESTER.

VAR BUT TURKED, JACK BAN

THE AND THE PARTY OF THE PARTY

AND CHESIKE THEO ON

CONTRACTOR SECTION OF THE SECTION OF

death

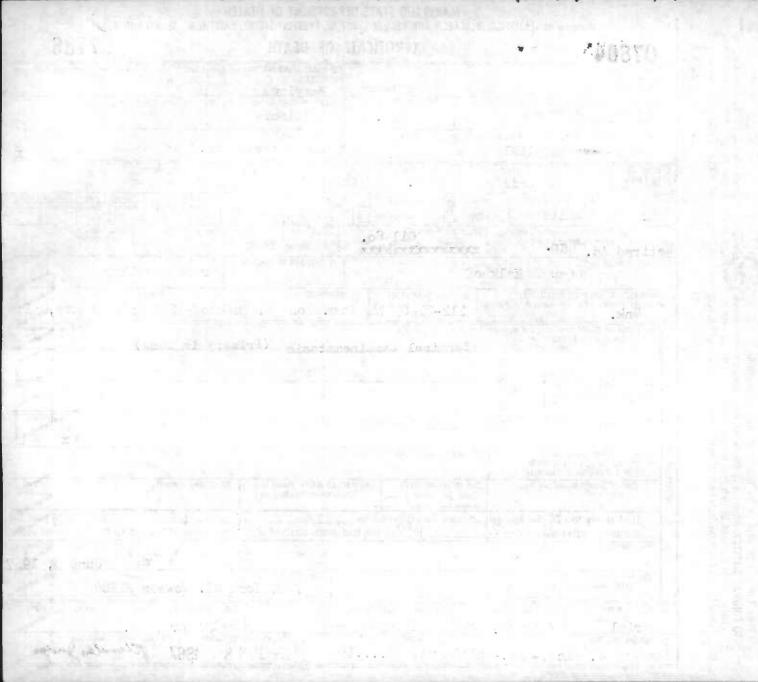
and

executed within 24 hours after death. filled in by the funeral papers. Pages 1 and campletely fi event, remave pup requires that the death certificate be ease Klan attending phy ar remaval signed by the atter burial-transit perm burial, crematian, a attending physician. prior to has been by the haspital ar this certificate TO FUNERAL DIRECTOR: After be retained

20o. ACCIDENT WAS UNDERLYING be detached for State Dept. af H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Not While at wark at wark L 21. I certify that (this haspital), attended the deceased fram 5/11 1957 3 shauld with the saw the deceased alive an 6 22o. SIGNATURE **ATTENDING** director, page 3 shauld be filed w M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 1967 Holy Redeemer burial 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Leonard J. Ruck, Inc .- Baltimore. Md 14

07788 CERTIFICATE OF DEATH 07804 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY MARYLAND Maryland c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore nearest town) Baltimore 50yrs. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 3200 Batavia Ave./ St Joseph Hospital YES NO X 3. NAME OF Middle 4. DATE First Month Yegr DECEASED 19 67 Kalkhof Emil. F. (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Haurs White Male WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, exercit retired)
Retired Ad. COUNTRY? New York Bexxxxxxxxxxxxxxxx 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME August Kalkhof Mueller Bertha 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) 212-01-0977A Mrs. Rose M. Kalkhof-3200 Batavia Ave, Balto INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH (Primary in Lung) Terminal Carcinomatosis IMMEDIATE CAUSE (a). DUF TO Canditians, if any, which gove (b) rise to immediate cause (a) DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🛨 NO 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (State) (City or town) (County) 19.67, that (I) (we) last , and that death accurred at 6:25 M, fram causes and an the date stated above. 22b. DATE SIGNED STAFF PHYS. June 8. 1967 7620 York Rd. Towson 21204 23d. LOCATION (City or Town) (State) (County) Baltimore, Md 2Sb. REGISTRAR'S SIGNATURE

Page 4 may VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07707

1	01000			CERTIFICATE	OF DEATH		U	4 10	6
7	PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND	a. STATE Mary	Land	b. COUNTY		√
	b. CITY OR TOWN (If outside corporate limit	S,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside carparate limits, w	rite RURAL and gir	ve nearest t	town)
	Catons	d give nearest town)		3yr2mth28dys	Baltimor	re		20	2.1
	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	ive street address)	d. STREET ADDRESS			e.	IS RESIDENCE ON A FARM?
	Spring G	rove State	Hospit	al	2018 Rams	sey Street		YE	The second of
3.	NAME OF	Fi	rst	Middle	Lost	4. DATE	Month	Doy	Year
	(Type or print)	Ra	ymond	Martin	Kanely	OF DEATH	6	10	1967
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	rears IF UNDER		F UNDER 24 HRS.
	male	White	WIDOWED	DIVORCED	JANIYARY	25,1886 81		Doys	Hours Min.
10	o. USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country	y) 12. C	ITIZEN OF V	VHAT
au	ring most of working	ine, even it retired)	Bri	oustry Mfg.	Maryland		II	OUNTRY?	
	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		•	•
		John K	ANEL	V	KATh	EMING (PAGER	,	
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.5	OCIAL SECURITY NO. 17.	INFORMANT		Address		
(A	es, no, or unknown)	(If yes give war or dates	of service) 21	3-05-29714 Red	ords: SPRIN	G GROVE S	STATE H	OSPIT	AT.
F		EATH (Enter only one cou				0 010 11	711111		VAL BETWEEN
		TH WAS CAUSED BY: IMMEDIATE CAUSE	W-	ant faile	rre				T AND DEATH
	493 x			1 .				0	0
	Conditions, if any		(b) Ou	eumona				da	45
	rise to immediat		1-7						1
	stating the unde	riving couse	(c)						
		GNIFICANT CONDITIONS		O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART	1(a)	19. W	VAS AUTOPSY
NO.	Trike in onick of		OM RIBOTH O	O DEATH DOT NOT REENTED TO	THE TERMINAL DISEASE CO	HOTTON ONEN IN TAKE	,,,,,	PI	ERFORMED?
CERTIFICATION	20o. ACCIDENT WA	CHNDEDIVING 🖂	John Dri	COURT HOW INJURY OCCURRED	(Enter nature of injury in	Dort Lar Dort 11 of item	10.)	YES	□ NO 🔀
ERTI	OR CONTRIBUTING	☐ CAUSE OF DEATH	200. DE:	SCRIBE HOW INJURY OCCURRED.	(criter noture of injury in	Port I of Port II of Hem	18.)		
AL C		MEDICAL EXAMINER)	001.0	INDV OCCUPED I OF BLOO	CF of HUNDY (II	1 000	16		(5)
MEDICAL	Hour o.r		While		CE OF INJURY (Hame, farm tary, street, affice bldg., etc.		own) (Co	ounty)	(State)
×	p.r	n. 19	at wark	at work		Α.			
			pital) attend	led the deceased fram_		19 63 ta gre	rul 10, 19	o, that	t (I) (we) las
		eceased alive an_	mul	10 19 67, and tha	t death accurred at	63/M, trom co			
	22a. SIGNATURE	0 ().	201		ATTENDING	MED. STAF		DATE SIGNED	107
	100	wels V.e		M.	D. PHYS. 🔟 _	DIRECTOR PHYS	STATE	40.2	TTPAT
	22c. PHYSICIAN'S NAME (Type)		1/16-	-12	22d. ADDRESS SP			nuar.	TIME
		NONITO	VIV			ltimore, Ma		21228	
23	o. BURIAL, CREMATIC REMOVAL (Specify	1		23c. NAME OF CEMETERY OR		23d. LOCATION (Cit	d-	(County)	(State) .
	BUPIA	16-1	3-67	Loudon		BALT.		· of	ahe
2	4. FUNERAL DIRECTO	RCA 1	DUNCTA	L HADDRESS 3	2Sa. REC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	244
	Y 50, 71	Shoute	14101	Tridick (S.	e DAYLUN	1 4 196/	geliare	A Jus	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please temore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and may event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Poge 4 moy be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

The second of th IF SIZE SET PRESENTED THE PRES 13 Salle Grantific Salderick Control Was a Charles The first series and series are series and series are series and series and series and series are s Avist a very beautiful and allowed a stage of the

DEPT any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 should be farwarded ta the Chief Medical Examiner's Office alang with farm PM3. Page

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af within & haurs after death. Health ar its designated agent, priar ta burial, cremation, ar remaval, and in any event

This certificate shauld be executed within 24 haurs after death. If

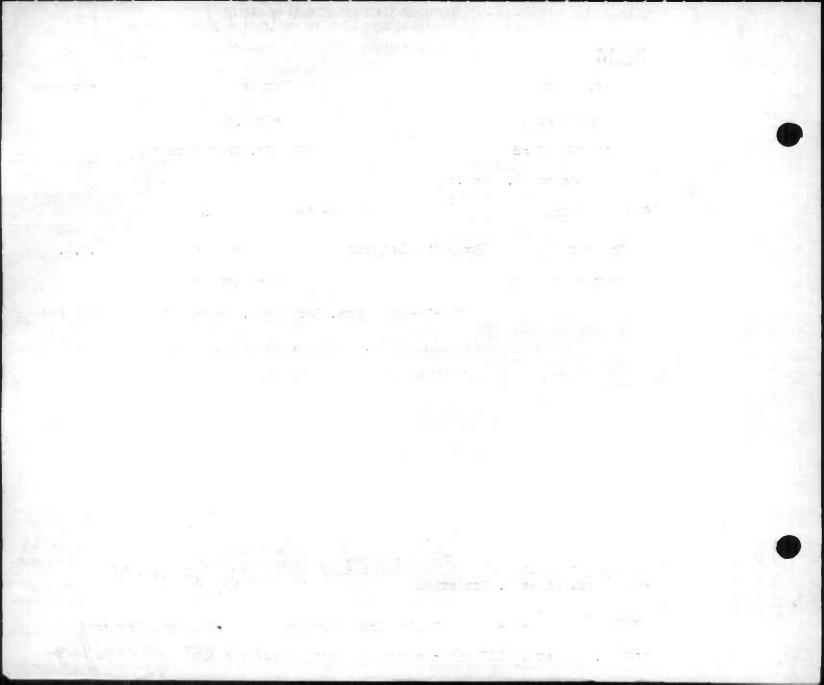
TO DEPUTY MEDICAL EXAMINER:

VR A15ME 6M 1/66

6

Items 188Film 391 8-14-67 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07806	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH 0778	8
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if institution: Resid	lence before admission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Halethorpe	c. LENGTH OF STAY IN 16	1	itside carparate limits, write RURAL and g imore	give nearest tawn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in 1321 E1m Road	haspital, give street address)	d. STREET ADDRESS 1718 St	. Paul Street	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) James D_{\bullet}^{First}	Kennedy Middle	Last	4. DATE Manth OF June 15,	Day Year
Male White	MARRIED X NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2-10-1909	9. AGE (In years IF UND) 518t birthday) yrs. IF UND)	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of wark done during mast of working life, even if retired) Painter	10b. KIND OF BUSINESS OR INDUSTRY Frank The Painter	11. BIRTHPLACE (State	or foreign country) 12. Virginia	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Kennedy		14. MOTHER'S MAIDEN I	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af sei	16. SOCIAL SECURITY NO. 17. 227-20-5536 Mr	INFORMANT s. Lucille I	Address M. Kennedy, 1907 Ke	nnedy Avenue
IMMEDIATE CAUSE (a) A Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTI	Hypertensive hea	art disease		19. WAS AUTOPSY
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II of item 18.)	PERFORMED? YES X NO
20c. TIME OF INJURY Manth, Day, Year Haur o.m.		CE OF INJURY (Home, farmary, street, affice bldg., etc.)		County) (State)
21. I certify that I toak charge at death resulted fram: Natural of Actual SIGNATURE EXAMINER'S Dr. James N. 23a. BURIAL, CREMATION, BURIAL PROVING SPECIFY 6-19- 24. FUNERAL DIRECTOR	Trederick To suit the suit th	ide , Hamicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street CREMATORY Cemetery	EXAMINER	22. DATE SIGNED 101CTS Gre (County) (Stote)
Howard H. Hubbard, 41	***************************************	21229 DAJUN		les Judge



TO HOSPITAL death. Page TO FUNERA

VR A15 (4) 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07807 07789

0000						0.	.00
1. PLACE OF DEATE	3		2. USUAL RESIDEN	ICE (Where			ce before edmission)
	Baltimore	MARYLAND	a. STATE Mar	yland	b. COUNT	RXXX	YXXXX
b. CITY OR TOWN (if outsida corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside co	orporete limits, write	RURAL end give	nearest town)
	give neerest town) BVille	1 Year	Bal	timor	e		3014
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS				. IS RESIDENCE
-	Nook Nursing	g Home	20 N.	Beech	field A	ve.	YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DAT	E Month	Day	Yeer
(Type or print)	Anne	Rouse 1	Cent	DEA'	TH June	23	19 67
5. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years last birthdey)		IF UNDER 24 HRS.
Female	0.00		farch 15,	1890	77 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPAT		. KIND OF BUSINESS OR INDUSTR			or foreign country)	12. CITIZEN C	F WHAT COUNTRY
Housew:	orking tife, even if retired)	xx	Plainsvi	11e	Kansas		USA
13. FATHER'S NAME		44.04	14. MOTHER'S MAIDEN				
Rul	oen Rouse		Ros	e Goo	den		
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	0 400	Address		
(Yes, no, or unkown)	f yes give war or detes of service)	336-07-0604D	Granamy Y	a mete	Reading	Danne	
18. CAUSE OF I	DEATH [Entar only one cause p	336=07=0624D	Gregory K	eny,	Reading	renna	TERVAL BETWEEN
	H WAS CAUSED 8Y:	F-0. 000/	21 Art	mins	clar.		NSET AND DEATH
	IMMEDIATE CAUSE (e)	Que e colla	7 1111	7,00	, 70	1	3415
1/500	DUE TO	chronic	Brit 3	Ynd	roms		aluri
Conditions, if any			A 11	1			3 713.
(e), steting the	DUIT TO	Decasiti	Mulh	1/5			2mn+1
cause last.) (c)			1-1-			
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEA	SE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
S S							YES NO
OR CONTRIBUTING	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pe	rt II of item 18.)		
ZOC. TIME OF INJU	JRY Month, Dey, Year 20	Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	rm, 1/20f. (City or town)	(County)	(Stata)
20c. TIME OF INJU	W		ory, street, office bldg., et		/	1	
	17	/	12/27	162	6/1.	1/2	
	6	tended the deceased from	/ /		to	/-/	that (I) (we) las
	sed alive on	2.2./18), and that	death occuped	CAMM	om the causes	and on the d	ate stated above
220. SIGNATURE	Man H	all M	D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	6/0	3/6 SIGNET
22c. PHYSICIAN'S NAME (Type		c Grath	1303	Frad	wick	571	28 md
23a. BURIAL, CREMAT	ION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		CATION (City, tow		(Stete)
Burial (Specify	June 26	St. Johns C	hurchvard	F	loch Hali	L, Mary	land
24 EUNERAL DIRECTO		ADDRESS	25a. RE	EC'D BY REC	GISTRAR 256. REC	ISTRAR'S SIGNA	TURE
Elasid	dianel	Church Hill.	Md DATE	JUN 2	7 1967	Marle	Judges
- Crabon N	1 0 Looper			· · ·	1		UV

TOUTO

Lean A. Howard

47.4			. ∪ ·
L. DESMARKE	Broggand "11		eromittae
	PaltAmore	uzer I	ellivenous
Zimmundi d	1 20 H. Russid Late Ave.	amon St	Sheet Nook Missay
12 2 50	lent. June	(paned)	Approx
	Heren 15, 1800 Trans		edide elect
480	- France .ell?salePi-		olivanio:
	Rose Doodea		eaugh medin
11/4 E		G 4. 17) Chime	
13/67/2			

Cheren Hith. No.

MARYLAND STATE DEPARTMENT OF HEALTH

M			07808		DIICAL KESEA		E OF DEATH	teer, ballimore, mari	07790	
funeral and er death			LACE OF DEATH COUNTY B	altimore,		MARYLAND	o. STATE Marylan		NTY PA	110
n 24 haurs after lled in by the fui papers. Pages I in 72 haurs after		t	. CITY OR TOWN (If write RURAL and	outside corporate limi give nearest town)	its,	c. LENGTH OF STAY IN 1b	C CITY OR TOWN (If a	outside corporote limits, write RU ore =21236	RAL ond give neo	rest town)
s. hau				L OR INSTITUTION (If r	not in hospital e	nive street address)	d. STREET ADDRESS	16 -21270		e. IS RESIDENCE
rin 24 l filled ir paper friin 72	58			Joseph H				oorah Ave.		ON A FARM? YES NO
requires that the death certificate be executed within 24 haurs after de physician. signed by the attending physician and campletely filled in by the funer burial-transit permit. Then please remaye carbon papers. Pages I an aburial, crematian, ar remaval, and in any event within 72 haurs after de	1	[IAME OF ECEASED Type or print)		ophia	Middle Florence	Lost Kerzog	4. DATE Mon OF DEATH June	2	
mpl mpl re c	/ ;	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doy	
any ca	4	Fe	male	white	WIDOWED	DIVORCED	3-25-14	53 yrs.	Monnis	s Hours Mill.
and and rem in an		10o.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	ty & Stote, or foreign country)	12. CITIZEN COUNTR	OF WHAT
cian cian ease and		autii	Housewing li	e, even il renied)	110	Home	Baltimon	re, Maryland	COUNTR	U.S.A.
ifica nysic n ple		13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
certificate be g physician a Then please i maval, and in				Ignacy	Majka			Rozalia Mar		
ne death certifi attending phy permit. Then ian, ar remava		1S. (Yes	WAS DECEASED EVER , no, or unknown) (NO	IN U.S. ARMED FORCES: If yes give wor or dotes	of service)		. INFORMANT Mr Michael I	Addr Kerzog 9110 Del		enue
that the d an. by the attr transit per crematian,	10		18. CAUSE OF DEATH	ATH (Enter only one co I WAS CAUSED BY: IMMEDIATE CAUSE		(o), (b), ond (c).) nocarcinoma -	ovary with	generalized		INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, crema	41		1750	DU	E TO			metastas	sis	
physic signed burial,	V.		Conditions, if ony, nise to immediate	(0) 621103	(b)	w				
e law req tending p is been si as the b priar ta b	P.		stoting the underl		E TO					
IAN: The law ral ar attending icate has been far use as the Health priar ta	2	ATION	PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED? YES NO
ATTENDING PHYSICIAN: The stained by the haspital ar attector. CTOR: After this certificate has shauld be defached far use a shauld be defached far he state Dept. of Health pr		L CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY A	CAUSE OF DEATH	205. DE	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)		
SPITAL OR ATTENDING PHYSICIA 4 may be retained by the haspital IERAL DIRECTOR: After this certifice ar, page 3 shauld be detached fa Id be filed with the State Dept. of H		MEDICAL	20c. TIME OF INJUI Hour o.m p.m	10	While	Not While f	LACE OF INJURY (Home, for octory, street, office bldg., et	c)	(County)	
NDING d by t After d be e State			21. I certif	y that (I) (this ha	spital) atten	ded the deceased fram	May 28	1967 ta June a		that (I) (we) last
ATTENI stained CTOR: A shauld ith the	8.1		saw the de 22o. SIGNATURE	ceased alive an	oune 2	19 <u>07</u> , and th	nat death accurred o	IT 7 - TO WY 460M causes	22b. DATES	
OR ATTER be retaine DIRECTOR: ge 3 shaul led with th			* Hoer	A. J.	agi	ių'	M.D. ATTENDING PHYS.	MED. DIRECTOR PHYS. 8	. /	2,1967
TO HOSPITAL OR I Page 4 may be re TO FUNERAL DIREC director, page 3 s should be filed wi	,		22c. PHYSICIAN'S NAME (Type)	Glocri	ito Sagi	si M.	22d. ADDRESS 7620 York	Rd. Baltimo	ore, Md.	21204
HOS UNI Becto		230.	BURIAL, CREMATION	N, 23b. DATE TH	HEREOF	23c. NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City or To	own) (Cou	nty) (Stote)
O P o ip de	0		REMOVAL (Specify)		1967	St. Stanisla	us Cemetery	Baltimore,		Md.
1	Red	24,	FUNERAL DIRECTOR			ADDRESS	(3 /) 250. REC	D BY REGISTRAR 2Sb. R	EGISTRAR'S SIGNA	TURE

DATE JUN 6

and the department of the second of the seco And the second state of the second se

ivo est producina e potent l'inclumina describationes e equi-

Yes , = 5000 18.

does by the contract of the contract by the contract

ithin 24 hours after O HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours death. Page 3 by retained by the hospital or attending physician.

OF TOWER.

INECTOR: After this certificate has been signed by the attending physician and complete and a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL death. Pag.

90

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
07803 CERTIFICATE OF DEATH	07791
1. PLACE OF DEATH 2. USUAL RESIDENCE (V	hare daceased lived, If Institution: Residence before edmission)
Bally see Co MARYLAND 8. STATE	6. COUNTY BALTO
b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs	da corporala limits, writa RURAL and giva naarasi town)
write RURALIZER give neeres hown) Middle Kiner 14 Was ESSEX	034
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd/ess) d. STREET ADDRESS	17 Upperlanding Rd. a. IS RESIDENCE
Ivy Hall Mursing Home 11/1/4/4/1/hb	Westfult 1 / H & M H YES NO A
DECEASED	DEATH COME 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE An years IF UNDER 1 YEAR IF UNDER 24 HRS.
Te w WIDOWED DIVORCED 1 MOVI 1876	last birthday) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & S	tale, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	USA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
CHARLES RIEGVER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no, or unkown) (Ifyes give wer or dates of service)	686-4372
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) COLONARY OCCUS	ONSET AND DEATH
PUE TO 4	
Conditions, if ony, which > (h) and en selential Chiefle	Vasinlar
gave rise to immadiete cause	1 2.
(a), stating the underlying Cause lest.	deseuse syra
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I	
OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
0	Of. (City or town) (County) (State)
Hour e.m. p.m. 19 While Not While et work et work tactory, street, office bldg., etc.)	
21. I certify that (I) (this haspital) attended the deceased from 196	to 19 (we) last
saw the deceased alive on	, from the causes and on the date stated above.
22a. SKOMATURE ATTENDING MED. DIRECT DIRECT DIRECT	OR PHYS. \(\begin{array}{c} \(\begin{array}{c} 22b \\ 0 \\ \ext{SIGNED} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1 NI P 2 1 A C 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-9121
U. M. DOUM GAYANER TOUCH	001206
REMOVAL (Specify)	d. LOCATION (City, town or county) (State)
BURIAL 9/22/67 OAK LAWN	BALTO. MD
IIIN C	REGISTRAR 25b. REGISTRAR'S SIGNATURE
J.G. CONNELLY SOUS 300 MACE DATE UN	2 2 1961 yellanes Junge

VR A15 (4) 15M 7/61 Table of MULT - And Cash - Land - Lan

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL PECOPDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

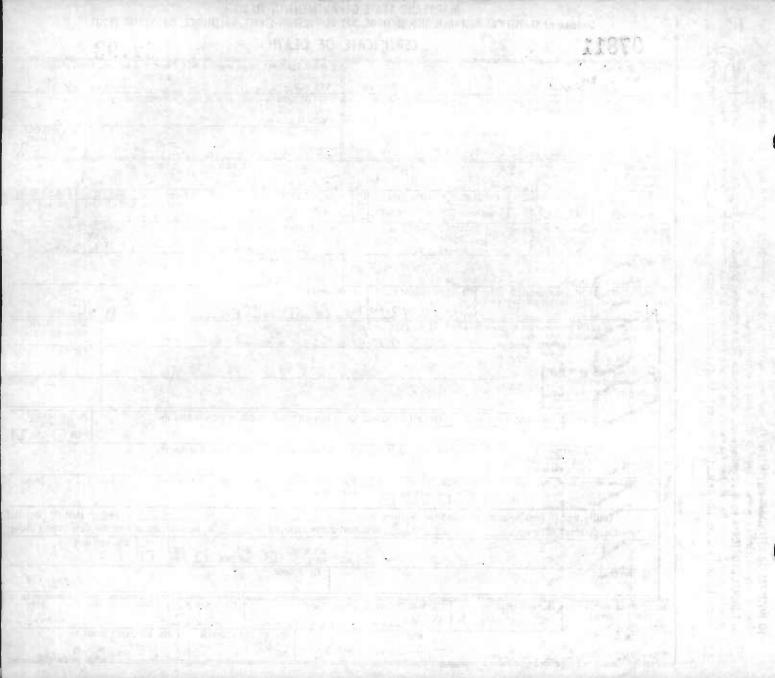
			one, manually 21201	
	07810 CERTIFICAT	TE OF DEATH	0779	12
	PLACE OF DEATH	1	Where deceased lived, if institution: Reside	ence befare admission)/
	o. COUNTY Baltimore MARYLAND	O. STATE	b. COUNTY Ma	intaometra
-	b. CITY DR TDWN (If autside carparate limits, c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If or	utside carparate limits, write RURAL and gi	
	Wit RURAL and give nearest town) 6 weeks	Rock	ville	15.7
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	Mt. Wilson State Hospital	1309 How		YES NO
3.	NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
	(Type or print) Ressie	KiRK	DEATH June	8 1967
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	last hirthdox) Manths	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
	Female white WIDOWED DIVORCED	4-6-0	07 60 Yrs.	Doys Hoors Him.
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	1 1	(COUNTRY?
-	Domestic	Virgi	ma	U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME D. 1	
	Willis Kirk		cora Terki	no
15	os no or unknown) (If was give were or dotes of service)	7. INFORMANT	Address	
1,	no 230-10-1645-Re	ecords, Mt.	. Wilson State F	lospital
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		•	INTERVAL BETWEEN
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COURSELE CO	of cerus	\mathcal{N}	ONSET AND DEATH
П	171X DUE TO			
	Conditions, if any, which gove) (b)			
	nise to immediate cause (a), stating the underlying couse DUE TO			
	last. (c)			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO.				PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I or Part II of item 18.1	1
ERTI	OR CONTRIBUTING CAUSE OF DEATH	ser ferror majore or milor) in	ton to the training	
	(IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, for	m. 20f. (City or town) (C	County) (State)
MEDICAL	Haur a.m. While Not While	factory, street, affice bldg., etc.		(2006)
2	p.m. 19 at wark 🗀 at wark	77 3 5	10/17 / 6 (5	/5
	21. I certify that (I) (this haspital) attended the deceased fram saw the deceased olive on		19 67, ta 6 - 8 , 19 9:45 pM, from causes and on	67, that (I) (we) last the date stated obove.
	22g. SIGNATURE	nar dodni occorrod di	1	DATE SIGNED
		M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	
	22c PHYSICIAN'S	22d. ADDRESS		
	NAME (Type) Wm. Newcomer, M.D., Sup	t. Mt. Wil	Ison, Maryland	
23	B. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY .	23d. LOCATION (City or Town)	(County) (State)
	Burial-Tr. 6/10/67 Miller Char	nel	Jonesville, Vir	ginia
	4. FUNERAL DIRECTOR ADDRESS	2Sa, REC	D BY REGISTRAR 256 PEGISTRAR'S	STGNATURE
1	yson Wheeler Funeral Home-1331 Rock	cville Piken	1 5 1967 Julian	0
	Rockville.Md.			

TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physicion and completely filled in by the director, page 3 should be detoched for use as the buriol-tronsit permit. Then please remove carbon papers. Pages should be filed with the Stote Dept. of Health prior to buriol, cremotion, or removal, and in ony eyent, within 72 hours or VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospital or attending physician.

Programme and the second secon Was Never you, No. 11, and the state of the DEAL TO A LINE OF THE YEAR OF THE TAXABLE CONTRACTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	07812	CERTIFICAT	E OF DEATH	077	94
1.	PLACE OF DEATH a. COUNTY BACTIMO	MARYLANO MARYLANO	2. USUAL RESIDENCE (Wh a. STATE	b. COUNTY	tion: Residence before admission)
	b. CITY OR TOWN (If outside corporate write RURAL and give nearest town)	limits. c. LENGTH OF STAY IN 1b			RURAL and give nearest town)
R	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address)	d. STREET AOORESS	BACTIMOI	le. IS RESIDENCE
	7911HILLENDAL		7911 HL	LENDACE	ON A FARM? YES NO R
	NAME DF OECEASED (Type or print) EARL	PIPER K	4 4 4 5 -	DATE Month OF DEATH LUNE	0ay Year 30 1967
	SEX 6. COLOR OR RACE 7	WIOOWEO DIVORCED	8. DATE OF BIRTH NOV, 171803	last birthday) ata	UNDER 1 YEAR IF UNDER 24 HRS. nths Days Hours Min.
10a, duri	USUAL OCCUPATION (Give kind of work doing most of working life, even if retired)	One 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME MARION O K	SNIGHT	14. MOTHER'S MAIDEN NA	ME ANNA PII	デ テ ア
15. (Yes	WAS DECEASED EVER IN U.S. ARMED FOR (s, no, or unkown) (If yes give war or dates of s		insprmant M. Kn	Address	C M as A
T	18. CAUSE DF DEATH [Enter only one	cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	OONGESTIVE h	EART FEAT	LUKE	SEVERAL MO
	Conditions, if any, which \	1117-1-110361	FUMIC WAS	ULAR MIX	2040
1	gave rise to immediate	1	ery cons	real me	720
	underlying cause last.	2)			AT THE REAL PROPERTY.
ICATION	PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO OEATH BUT NOT RELA	TEO TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED? YES NO PT
CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE	20b. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of Injury	In Part i or Part ii of Ito	em 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour a.m. 19	ar 20d. INJURY OCCURREO 20e. PLA While Not While factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that (I) (this hospit	al) attended the deceased from	MARCH , 1967		19 / that (I) (we) last
	saw the deceased alive on 22a. SIGNATURE	NE 19 67, and that	death occurred at/O 4		on the date stated above.
1	ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	andy M.O	ATTENOING MED.	OR STAFF	In 30.1967
	22c. PHYSICIAN'S NAME (Type) SAMUE	I O'MANSKY	22d. AOORESS 22d. AOORESS 23 LOC	H PAVEN	BLUD.
232	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Soecify)			LOCATION (City, town	or county) (State)
200.					
	FUNERAL OIRECTOR	Parkwood Cem.		Balto, Md. REGISTRAR 25b. REGIS	TDADIS SIGNATURE

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please and carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

5 (4) 1/65

Leonard J. Ruck Inc.

Balte. Md.

5127

. 10/0/2

Looners d. Luck Inc. Belto. Fd.

[1 inger

MARYLAND STATE DEPARTMENT OF HEALTH

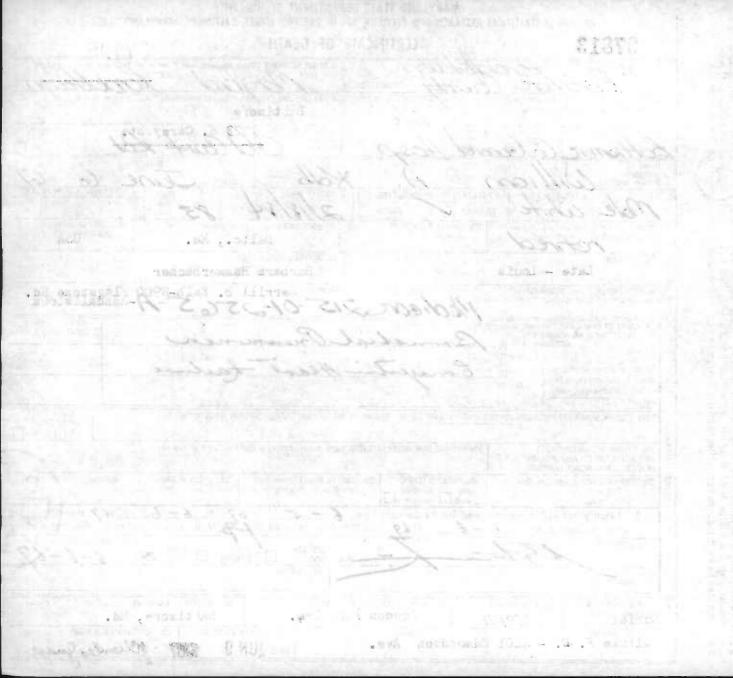
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07813	CERTIFICATE	OF DEATH	U,	7795
	1. PLACE OF DEATH o. COUNTY Defining 1. PLACE OF DEATH o. COUNTY	ASTOLEY MARYLAND	2. USUAL RESIDENCE (Where o. STATE	e deceased lived, if institution: b. COUNTY	
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	C. KINGTH OF STAY IN 16	c. CITY OR TOWN (If go side	corparate limits, write RURAL	and give nearest town)
5	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho	ispital, give street address)	d. STREET ADDRESS 12	23 S. Carey S	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASEO (Type or print)	Middle	Kolb	DATE Month OF OEATH TOTAL	Doy Year 6 1967
	Mble white will	DOWED DIVORCED	2/18/84	last birthday) N yrs.	anths Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during mast af working life, everyti retired)	10b. KIND OF BUSINESS OR INDUSTRY		o., Md.	12. CITIZEN OF WHAT COUNTRY USA
Ì	13. FATHER'S NAME Late - Louis			ammerbacher	
3	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates of service)	(e) Modicor 2		B. Kalb-8900	Flagstone Rd. Randailstown
	IB. CAUSE OF OEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if ony, which gave rise ta immediate cause (a), stating the underlying cause (c) (c)	Bronchial	Heart -	tailure	INTERVAL BETWEEN ONSET AND OEATH
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	l ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year Haur o.m. p.m. 19		E OF INJURY (Home, form, ary, street, affice bldg., etc.)	20f. (City ar town)	(County) (State)
	30W THE deceased alive an	attended the deceased fram, and that	death accurred at	7, ta 6-6 M, fram causes an	_, 19 <u>62</u> , that (I) (we) last d an the date stated abave.
	22a. SIGNATURE	- M.D		O. STAFF PHYS.	22b. DATE SIGNED 6-6-67
/	22c. PHYSICIAN'S NAME (Type)		22d. AODRESS		
	23a. BURIAL, CREMATION, BREMOVAL (Specify) 23b. OATE THEREOF 6/9/67	23c. NAME OF CEMETERY OR C	rk Cem.	23d. LOCATION (City or Town) Baltimore,	Md.
K	24. FUNERAL DIRECTOR WITZKO F. D 4101 H	Ednondson Ave.	2Sa. REC'D BY		trar's SIGNATURE .

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and comprehely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after death

VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		07814	CERTIFICATE	OF DEATH	07796
		PLACE OF DEATH			sed lived, if institution: Residence before odmission)
		O. COUNTY BATTIMON	e MARYLAND	O. STATE AND AND	b. COUNTY ITO.
		o. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town)	its, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corpore	ate limits, write RURAL and give nearest town)
	I	ANDAIISTOWI	Y 30 dA45	BAITO,	21207 03.1
İ		I. NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		BA110, CO, G	CN, HOSP.	3636 hoch	earn 1)r, YES □ NO 🛭
		NAME OF D'	First Middle	Lost 4. DATE OF	Month Day Year
-	-	Type ar print) / 1 @ /) /A SEX 6. COLOR OR RACE	rd (5 1	MICK DAN DEATH	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
ı	J	0. COLOR OR RACE	7. MARRIED NEVER MARRIED 8		last birthday) Manths Days Haurs Min.
ŀ	100	USUAL OCCUPATION (Give kind of work dan		9-16-84 11. BIRTHPLACE (County & State, or fo	greign country) 12. CITIZEN OF WHAT
		ng mast of working life, even if retired)	BAO. RR	Marilani	reign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	/	14. MOTHER'S MAIDEN NAME	
		Riphand G	Kripkhan		BUSHMAN
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES		NFORMANT	Address
	(Ye	s, no, or unknown) (If yes give war ar dotes	of service)	HOSP, KC	o.ord.
		18. CAUSE OF DEATH (Enter only one of	couse per line for (o), (b), and (c).)	7 11/1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	E (a) Congest	we plan	Tailure ONSET AND DEATH
		/	E TO Monda O.	, I a Zai	0 10
		Canditians, if any, which gave rise ta immediate cause (a),	(b) Nenewall	col arisas	second .
	'n.	stating the underlying cause	E TO		
	ġ.		(c)	THE TERMINAL DISEASE CONDITION CIVI	EN IN PART I(a) 19 WAS AUTOPSY
1	CERTIFICATION	TAKE III O'THE STORM CONTINUES	17. 1/ 1	mora, RUL	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	IIFICA	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW ANJURY OCCURRED.		
ı		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year			(City or town) (County) (Stote)
	ME	Haur o.m. p.m. 19	While of work of work of the state of the st	ory, street, office bldg., etc.)	
1		21. I certify that (I) (this ha	spital) attended the deceased fram_	5-16-, 1967	to <u>6 - 14 -</u> , 19 <u>62,</u> that (I) (we) la M, fram causes and an the date stated abav
			6-147 1967, and that	t death accurred at 6 2/1	
		22a. SIGNATURE	uis K. Jara M.C	ATTENDING MED.	STAFF 22b. DATE SIGNED
		22c. PHYSICIAN'S	NO 1 FEELE M.	D. PHYS. LI DIRECTOR 22d. ADDRESS	PHYS. 4 6 /
		NAME (Type)			
ı	230	BURIAL, CREMATION, 23b. DATE T	HEREOF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LC	OCATION (City or Tawn) (Caunty) (State)
	6	REMOVAL (Specify) 6/17/	1967 Woodlawn		BAITIMORE COUNTY Md
	24	FUNERAL DIRECTOR	301 ADDRESS/ C/A	2Sa. REC'D BY REGISTI	ARAR 25b. PECETRAR'S FIGNATURE
	8	& Mac Mobb	sor francisco.	DATEUN 19	1901

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. VR A WATER OF STATE OF

Ade cole

Vaer e rimin.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07815	CERTIFICATE	OF DEATH	07797
o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if o. STATE Maryland	institution: Residence before odmission) o. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Catonsville	c. LENGTH OF STAY IN 16 7mths17dys	c. CITY OR TOWN (If outside corporate limits, wi	rite RURAL ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF not ESPRING GROVE STATE	HOSPITAL	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED Alm (Type or print)	1a 9. C,		Month Doy Year une 29 19 67
S. SEX 6. COLOR OR RACE 7	7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED	June 26, 1894 9. AGE (In y	eors IF UNDER 1 YEAR IF UNDER 24 HRS. doy) Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewiie	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country Germany	12. CITIZEN OF WHAT
13. FATHER'S NAME ERNST BEYE		14. MOTHER'S MAIDEN NAME	OTTMANA
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of s	ervice) 16. SOCIAL SECURITY NO. 17. III	NFORMANT cords: SPRING GROVE	Address STATE HOSPITAL
18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c)	Pulmonary emboli		INTERVAL BETWEEN ONSET AND DEATH 10 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Yeor Hour o.m.	Decubitus ulcers	HE TERMINAL DISEASE CONDITION GIVEN IN PART Enter nature of injury in Port I or Part II of item	PERFORMED? YES NO
p.m. 19	While Not While of work at work	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	
21. I certify that (X) (this hosping saw the deceased alive an VC 220. SIGNATURE 22c. PHYSICHANS NAME (Type) Anthony	ME 39 1967, and that	22d. ADDRESS SPRING GROVI	Uses and an the date stated abave. 22b DATE SIGNED 2-29-67
230. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify) 24. FUNERAL DIRECTOR	OF 23c. NAME OF CEMETERY OR CO	K CEMETER- BAL	TO. MO.
CONNELL'S SOLL	ADUKESS	250. REC'D BY REGISTRAR 1967	Clarela Quela

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. within 24 hours ofter deoth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

				* *
			farchity (es	
	٠			
	TOTOTA			
			ersele cocarh	Totale
• 1	19			all lyes
	is inbitton	3 14959-10-150		
	dr.vot			
	dr.vot			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRES

Ttems #8 & 9 Film #G300 6.20

MEDICAL EXAMINER STREET, BALTIMORE, MARYLAND 21201 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, anu ... PM3. Page BALTIHORF
b. CITY OR TOWN (If outside corporate limits, MARYLAND MARYLAND the State Departmen c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) YRS. HILLEN DALE
d. STREET ADDRESS LLEN DALE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e IS RESIDENCE ON A FARM? to certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 3 should be forwarded to the Chief Medical Examiner's Office along with farm 10 HILLEN NO X This certificate shauld be executed within 24 hours after death. 3. NAME OF Year DECEASED DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED X DIVORCED Apr. 10.1902 deb permit. File pages land 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) INDUSTRY SERVICE CANADA STORE KEEREN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME event within 72 hours LEONARD MARIF 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) ((If yes give war or dates af service) 8907 PARLORD 216-05-1508 18. CAUSE OF DEATH (Enter only one cause per line far (a) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO any , Canditians, if any, which gave rise ta immediate cause (a). .= DUE TO 0 stating the underlying cause ond 3 shauld be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? cremation, ar remaval, the certificate, NO X 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED (City or town) (County) factory, street, affice blda., etc.) Hour a.m. Nat While may be retained for your FUNERAL DIRECTOR: Page Page at wark 21. I certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry and in my opinian death resulted fram: Natural cooses Hamicide the funeral director. Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 14,1967 Address (Street, city, town, ar caunty) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 PARK WOOD CO. 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15ME (5) 7110

6M 1/67

THE RESERVE THE RESERVE THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O7817
CERTIFICATE OF DEATH

0.01.		
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F a, STATE b, COUNTY	Residence before admission)
Baltimore MARYLAND	Maryland Da	Itimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (W outside corporate limits, write RURAL	L and give nearest town)
Catonsville 19/15.	Catonsville	12.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1907 ladcaster Rd.	1907 Tadeaster icd	YES NO
3. NAME DF First Middle DECEASED (Type or print)	Last 4. DATE Month	Day Year
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER	1967
male widowed Divorced	A last birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11/ BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	M	OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1217
Wilson S. Lang	Annie M. Bowers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)		
	essichang 1907 Tadeaster	RJ.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c)]	11	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Malignant Mr.	so theliama.	ONSET AND DEATH
1979 DUE TO		
Conditions, If any, which (h)		
gave rise to immediate cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
[CA]		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTION	URRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
		unty) (State)
Mulia C Mor Autie C	ory, street, office bldg., etc.)	
p.m. 19 at work at work	april, 1967 to June 12, 19	67 that (I) (we) last
saw the deceased alive on June 12 19 67 and that	it death occurred at 11.33 PM, from the causes and on t	
22a. SIGNATURE // // // //		DATE SIGNED
flelity Meg M.	D. PHYS. DIRECTOR PHYS. 1 14	NE 14; 196;
NAME (Type) Nolson J. MG Kay	6014 Edmandsen Axe.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
Burral 6/16/67 Meadowritae	Cometery Baltimore, Mi	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SIGNATURE
Ambrose Inc. 1338 Sulahur Sp. Rd.	JUN 1 6 1967 June	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

3

VR AI5 (4) 2DM 1/65

Tax Tax

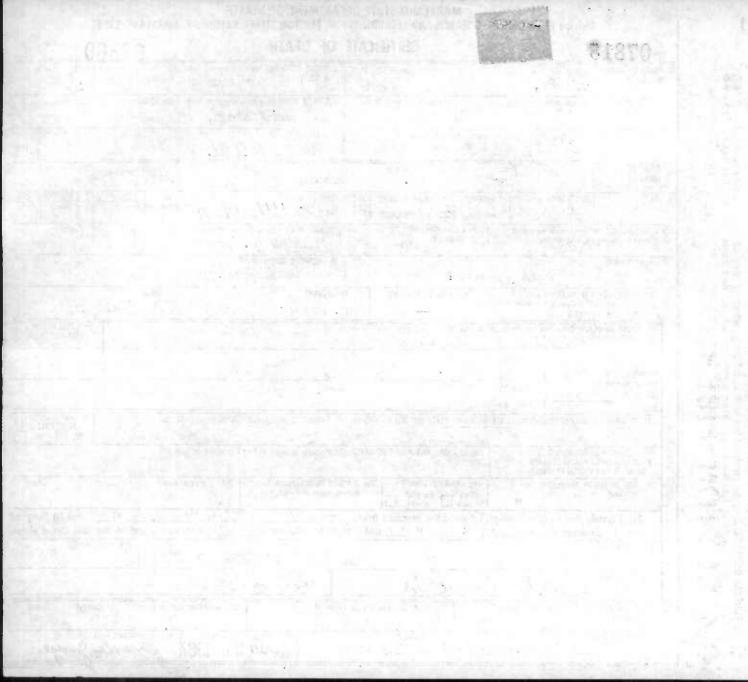
A STATE OF THE STA

1981 5 Lave

A STREET OF THE STATE OF THE ST

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			07818		CERTIFIC	CATE	OF DEATH		0780	00
and campletely filled in by the funeral remove carbon papers. Pages Fund in any event, within 72 hours after death			LACE OF DEATH COUNTY Baltinone,		MARYLA	IND		where deceosed lived, if institution b. CO	tution: Residence DUNTY Bal	before odmission)
by the Pages		b	. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn)		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If our	tside carporote limits, write l Stown,	URAL and give t	neorest town)
filled in papers. thin 72 ha	00	C	NAME OF HOSPITAL OR INSTITUTION (If not 3805)	in haspital, giv Et Rocud	re street address)		d. STREET ADDRESS 3805 Of Le	utt Rd.		e. IS RESIDENCE ON A FARM? YES NO
ecuted withi campletely fi ove carban y event, with		[IAME OF First Firs	re	Middle /// •		awder	OF JEATH		60ey Year 19
d camp)		Fem. wh		NEVER MARRIED O O O O O O O O O O O O O		DATE OF BIRTH Aug 24 1987:	113.		Doys Haurs Min.
ate be ex ician and lease rem and in an		10o. durii	USUAL OCCUPATION (Give kind of work dane ng most of working life, even if retired)		O OF BUSINESS OR USTRY Home.		Charles Co	& State, ar fareign country) • Navyland		ZEN OF WHAT NTRY?
eath certificate b ending physician nit. Then please or remaval, and i		13.	FATHER'S NAME James E	Stewar	t		14. MOTHER'S MAIDEN N Sarah	jourley		
attending permit. The			WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknawn) (If yes give wor or dates af no		OCIAL SECURITY NO.		Frances Gr	Ad reenberg 380	dress 5 Offutt	: Rd
that the dian. by the atternance perference cremation,	B		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (11	a), (b), and (c).)					INTERVAL BETWEEN ONSET AND DEATH
physici physici signed burial- burial,			rise to immediate cause (a), stating the underlying cause	b) Cle	rong, W	n	an Defa	cha:		2 hrs.
ICIAN: The law rapid ar attending rificate has been a far use as the af Health priar to	3	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CO 200. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CON CONTRIBUTING CON CONTRIBUTING CON CONTRIBUTING CONTRIB	MIRIBUTING TO	tiple of	no	. L. Lund	Port I or Port II of item 18.)		19. WAS AUTOPSY PERFORMED? YES NO
JING PHYS by the has fiter this ce be detache State Dept.		MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur o.m. 19	20d. INJU While of work	Not While		OF INJURY (Home, farm ry, street, office bldg., etc.)		· (Coun	nty) (Stote)
R: A uld the			21. I certify that (I) (this hosp saw the deceased alive on	ital) attende	ed the deceased fr	am_ nd that	death accurred at	955, ta now 7=P.M. from cause	23, 196 s and on the	Z, that (I) (we) las
AL OR ATI y be retain L DIRECTO age 3 sha filed with			220. SIGNATURE	len	为	M.D.	PHYS.	MED. STAFF PHYS.	22b DAT	E SIGNED
SPITAL 4 may IERAL (ar, pag Id be fil	1		22c. PHYSICIAN'S NAME (Type) CHAR [23	SCARI	R In		22d. ADDRESS	1 Chorles	v '	
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	2	1	BURIAL, CREMATION, REMOVAL (Specify) WILL 26		New Cather		Cem	Batto Cd. By REGISTRAR 28b.	Town) (C	Caunty) (State)
VR A15 (4) 20 M 1/66	K	24.	FUNERAL DIRECTOR Thomas J Kenny	Inc 160		St	DATE			onaluke Judge



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE		07819 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	UI
IEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resider a. STATE b. COUNTY b. COUNTY	nce before odmissian)
Page 13 ta		Sal tenne MARYLAND Wary Land It.	A. Co.
	t	c. CITY OR TOWN (If outside carparate limits, write RURAL and give write RURAL ond give nearest town)	re neorest tawn)
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE
farm te Del		21/11/11/81 2 8 2/2	ON A FARM?
ges far ate	_	in the state of th	YES NO
Give Pages ning with far the State	[DECEASED // OF	Day Year
afang afang with th	5. 5	701// 2200	
reduced the second of the seco		MOONTH C WIDOWED DIVORCED 5/26/14 lost birthday) Months	Days Hours Min.
office I and 2 r death			ITIZEN OF WHAT OUNTRY?
the second	Sc	ciel Security Admin Montgonery, ala.	USVA
pages pages urs affe	13.	FATHER'S NAME	
Examine Examine File pag		Benjamin Lawson Unknown	
it. of		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor ar dates of septing) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
mding" in Medical E permit. I	_	Yes Unknown Thelma dawson Sa	
be execu "pending lief Medic insit perm ent within		18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
rd 'pe Chief transit		HAOI DUE TO DUE TO	Succession
snaula be en ward "per a the Chief I burial-transit I any event I		Canditions, if any, which gove) (b)	
the ta		nse ta immediate couse (o), stating the underlying cause DUE TO	
ing traded as a and i		last. (c)	
	Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
cate, write be farwa be used remaval,	CATIO		YES NO K
불교 중 등	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
shauld b shauld b files. 3 shauld tian, ar r		CAUSE OF DEATH. 20c. TIME OF INJURY Month Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City ar tawn) (Co	ounty) (Stote)
the the Jr fi	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED While at work at work at work	/only) (31018)
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection 😭, Inquiry,	and in my opinian
		deoth resulted fram: Natural causes 💢, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗍	
MEDICA lease ey directar. stained DIRECTO ta buric		ACTUAL CHIEF MEDICAL EXAMINER	6/13/67 22. DATE SIGNED
d = 2 = 5	8	SIGNATURE ASSISTANT MEDICAL EXAMINER L	
reessary, per funeral may be refuneral funeral may be refuneral		EXAMINER DEFOTS MILDICAL EXAMINER IN	Mul. 27
	230	NAME (Type) 3. // / C C C M D Address (Street, city, town, ar caunty) / SeL10. BURIAL, GREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn)	(County) (Stote)
5 = = ~ 5 H	-	3 REMOVAL (Specify) 6-16-67 BLGO. Nat. Com. 13abto.	Ind.
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS , 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
6M 1/67		El way 1. W. land 18 Brantley Les DATE JUN 14 1967 golia	res judge

DAME TO THE PARTY OF THE PARTY

R5-37: 1, 16:

11877

TLESSES

remove carbon papers. Pages I in any event, within 72 hours after

and completely filled remove carbon papers

executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	AL RES	EARCH AND RECO				EET, BAL	LIMO	RE 1, N	IARYL	AND	
	0782	0		CERTIFICA	ATE	OF DEATH			- (781	12		
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND						2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore							
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Edgemere C. LENGTH OF STAY IN 1b 8 Months					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgemere							
		spital or institution gemere Aven		hospital, give street addre	ess)	d. STREET ADDRESS ON A FARM							
	NAME DF DECEASED (Type or print)	Fir Rober		Middle F.		Lee Jr.	4. DA OF DE	ATH C	Month June		Day	Ye.	7
Ma	sex ale	White	7. MARRIE WIDOWE	Senerated	8.	1/19/16		9. AGE (In last bir 51	years thday) yrs.	IF UNDER Months	Days	Hours	Min.
A	ttendant	ION (Give kind of workding life, even if retired in Hospital	one 10b.	. KIND OF BUSINESS OR INDUSTRY HOSPITAL		South Card	olina	1	country	C	DUNTRY S. A	?	
13	Robert F	Lee Sr.				Maggie							
		EVER IN U.S. ARMED FOR (If yes give war or dates of	service)			NFORMANT (Sister Louise Mc		Ly 2619		dgem gemer			
		DEATH [Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE	9	Ajne for (a), (b), and (o).]	li	~~					ONS	T AND	TWEEN DEATH
	Cenditions, If gava risa to causa (a), si	Immediate (b)	Elmonom	Y	engsh	zeo	na			10	1 61	15.
CERTIFICATION	PART II. OTHER		c) NS CONTRI	IBUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE	CONDITIONG	VEN IN	PART 1(a)	19. YES	WAS AL PERFOR	
	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF DEAT TIFY MEDICAL EXAMIN	20b. ER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	In}ury I	n Part I or P	art II o	f Item 18	.)		
CAL	20c. TIME OF	INJURY Month, Day, Y	ear 20d			E OF INJURY (Home, fa		f. (City or t	own)	(Co	unty)	(State)

Not While at work

21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. MED.
DIRECTOR STAFF PHYS. ADDRESS

PHYSICIAN'S NAME (Type) John V. Conway

23b.

DATE THEREOF

6/17/67

22d. D. NAME OF CEMETERY OR CREMATORY

M.D.

23d. LOCATION (City, town or county)

St. Sparrows Point, Md. 21219

(State)

24. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.

BURIAL, CREMATION, REMOVAL (Specify)

Oak Lawn Cemetery ADDRESS

Baltimore, Maryland REC'D BY REGISTRAR 256, REGIS REGISTRAR'S SIGNATURE

VR AI5 (4) 20M I/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

Page 4 may be retained by the hospital or attending physician.

director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal,

ATTENDING PHYSICIAN: The law requires that the death certificate be

anostolia Sarlyra Barlyra STUCKE R Branch (Bra adde Edemoure Cynamo mul ganteen by annual Olics. J redol 9.00 aultors (tip) vaccard areasts and soil and dropol (notified the same and a sale of the sale . Do . Dresser 226-21-8767 Tre, butter agrain; Salt magnetic nve. WELLS the three awares to find the same against I min-

the distance over age aver and the

LAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY director. Pay Baltimo re. MARYLAND Manuland Department death. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town E. LENGTH OF STAY IN 16 write RURAL and give nearest town) for your Baltimore d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained fourial-transit permit. File pages 1 and 2 with the State D to removal, and in any event within 72 hours after d hester Road YES NO 3. NAME OF 4. DATE Middle Month Day Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (IN YOURS LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ship Fitten 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Andrew 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give war or dates of service) Office along with MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one sause per INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if eny, which cremation, "pending" gava rise to Immediate ceuse please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. Mailer netura of injury in Part I or Part II of item 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, ! should be forwarded to the Chic PUNERAL DIRECTOR: Page 20c. TIME OF INJURY Month, Dev. Year 20f. (City or town) (County) (Slete) factory, street, office bldg., etc.) agent, While Not While Hour e.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 and in my opinion Inquiry designated Accident Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE or its TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Health 22a. BURIAL, CREMATION, 22b. DATE THEREOF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 40 24a. REC'D BY REGISTRAR ! 24b. REGISTRAR 23. FUNERAL DIRECTOR VR A15ME John A. Moran, In 5M 1/63 DATE

	2010年1月1日 1日 1	
	The second limited was a first the second property of the second pro	
	The second secon	
		117 4 1130
		107.27
	the state of the s	
	The state of the s	
	The second sealing of	
a _y		⊕ -2 - () to
	νειν · · · · · · · · · · · · · · · · · ·	
THE SANTON	the state of the s	M 810 3
BUREAT NU O	$\lim_{n \to \infty} \frac{\partial n}{\partial x_n} = \frac{\partial n}{\partial x_n} $	
		,4 day -2
	ACT AND ACT OF THE PARTY OF THE	10
	Edition of the second s	e ei
		्र स
		្ត ត
		e e
		E
		E
		e ei
		् हा हा
		E
		E
		2) E
		E C
		E
[[]=cn1		1. () 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
// // // // // // // // // // // // //		

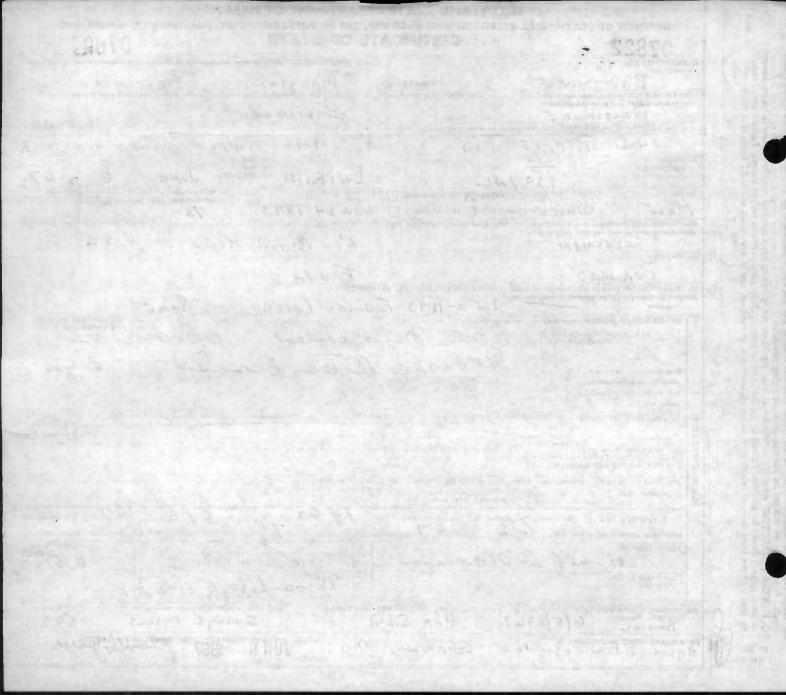
2 1

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed from the foreign of
VR AIS (4)

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND SIAIL DEI ARIMENT	11-2-111
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
07822	CERTIFICATE OF DEATH	07804

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
a. COUNTY	e. STATE b. COUNTY
DALTIMORE MARYLAND	MARYLAND BALTIMORE
b. CITY OR TOWN (if outside corporate limits, write sural and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown)
DALTIMORE	DALTIMORE 13.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
3441 RIPPLE 150	3441 KIPPLE / OAD YES NO DA
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print) / O YAL	LEIKIN DEATH JUNE 6 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVORCED	Nou. 14, 1893 last birthday) Months Deys Hours Min.
	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retirad)	NEW ROLLD CONN U.S.A
SALESMAN 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
D. TATHER S HAME	14. MOTHER S MAIDER HAME
DERNARD	TREGA
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 215-10-1893 FR	PANCES LEIKIN - SAME
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ocapeleal Infanction ONSET AND DEATH
11201 DUE TO CO	17 1
Conditions, If any, which \ (b)	Oslery Diseard 5 900
geve rise to immediate cause	
(a), steting the undarlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO L
2Db. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)
	ACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (State) ctory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that (I) (this hospital) cattended the deceased from	1960, 19,, to 6, 6, 1907, that (1) (we) las
	it death occurred at .7M, from the causes and on the date stated above.
228. SIGNATURE	M.D. ATTENDING MED. STAFF 22b. DATE SYGNED C STAFF
22c, PHYSICIAN'S NAME (Type)	4300 Liberty HAS A
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) 6 (8/1967 HAR SING	
24 FUNERAL DIRECTOR'S SIGNATURE STLUAM S. LEWIS + SUN INC. GARRISON,	250. REC'D BY REGISTRAR 25b. ROUGH PAR'S DIGNATURE
	DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		п
		н
		П
		П
		ı
1		- 1
7	1	-1
-	1	П
1	}	н
	1	1
	7	
4	/	П
1		- 1
		1
		1
		П
		н
	71	п
-/	11	
0	~	-
		-1
		1
		۱
		1
		ı
		J
		П
		1
		П
		П
		ı
		1
		ı
		4
		1
		1
		1
		1
		U
		1
		1
		ı
		ľ
	1	í
	1	
		í
		ı
		١
		ľ
		ĺ
		1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplotely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 And shauld be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after deet

within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

07205

Clienty Judge

0182	3		CLKIIII	CAIL	DEATH			U	100	U	
PLACE OF DEATH a. COUNTY	Baltimo	re	MARYL		usual Residence	E (Where de Maryla		institution: I b. COUNTY		fore odmissio	on)
b. CITY OR TOWN	(If autside corporate limits	,	c. LENGTH OF STAY IN	V 1b c.	CITY OR TOWN (I	autside com	parate limits, w	rite RURAL o	and give nea	rest town)	
write RURAL c	ind give nearest town)		5mths5dy	S	Lansdown	ne . Ma	rvland		12.1		
	PITAL OR INSTITUTION (If no	t in haspital, gi			STREET ADDRESS					e. IS RESID	
SPRING	GROVE STAT	E HOSE	PITAL		320 Fou	erth A	venue		7-3	YES T	NO [
3. NAME OF DECEASED (Type or print)	Fin Mar		Middle W •		Lost Lewis	4. DAT		Month Jun		21 196	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ 8. D	ATE OF BIRTH		9 AGE (In v	ears IF	UNDER 1 YEA		
female	white	WIDOWED	DIVORCED	May	26, 188	33	lost birth	day) Mo	anths Day	rs Haurs	Min.
Oa. USUAL OCCUPATI Juring mast of warking	ON (Give kind of wark done ng life, even if retired)		ID OF BUSINESS OR DUSTRY	1	1. BIRTHPLACE (Cou	inty & Stote, o	r foreign countr	γ)	12. CITIZEN COUNTR	OF WHAT	
13. FATHER'S NAME				14	MOTHER'S MAID						
John	Hooper				Wir	ni fred	Hooper	-			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. INFO				Address			
(Yes, na, or unknown	(If yes give war or dates a	f service)		Reco	rds: SF	DINTAG	GROVE	STAT	חם שי	SPITAL	Τ.
T 10 CAUSE OF	DEATH (Enter anly one caus	so per line for l	(a) (b) and (a))	Traco	IUS. DI	ILLING	GIWVE	DIAI		INTERVAL BET	
	EATH WAS CAUSED BY:	Dom	itonitis	ero m	onelia	60 6	mana	em 111	-	ONSH AND	
570	IMMEDIATE CAUSE	, ,	Teomrers	9 8011	GLATIZ	ou, c	T Ball	SIII UI	TEL	uays	3
	1.1	73	foreted	into	tine				2	dow	Pi
rise to immedi	ote couse (a)	(-/	forated	TILLES	PILI					days	5
stating the uni	derlying couse DUE		olith a	nd di	verticu	uliti	S		u	nknow	vn
PART II. OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT NOT RELA	ATED TO THE	TERMINAL DISEASE	CONDITION	GIVEN IN PART	1(a)		19. WAS AUT	OPSY
Brone	hopneumon:	ia, bi	lateral,	orga	nism u	ndete	rmine	d		YES KOKW	NO [
20a. ACCIDENT V OR CONTRIBUTION	/AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)		CRIBE HOW INJURY OC								
Hour.	NJURY Month, Day, Yeor a.m. p.m. 19	20d. IN While at wark	Nat While		F INJURY (Hame, street, office bldg.,	etc.)		267	(Caunty)		(Stote)
21. I cer	tify that 🕮 (this has	pital) attend		from J	an. 16	19 67	o to Jun	e 21	19 67	that (35 (we) lo
	deceased alive an				ath occurred	at_15	M, fram co	uses and			
22a. SIGNATUR		Mu	um I	ale	ATTENDING PHYS.	MED. DIRECTO	STAF	Fac	22b DATE ST	IGNED -67	
22c. PHYSICIAN NAME (Ty		Doung	M.D.		22d. ADDRESS	SPRIN		VE SI		HOSPI'	TAL
23o. BURIAL, CREMA	TION, 23b. DATE THE	REOF	23c. NAME OF CEME	TERY OR CREA	MATORY .		LOCATION (Cit		(Cau		State)
REMOVAL (Spec	ify)	67	Lordon Pr	ark			Baltim		Md.		
24. FUNERAL DIREC		01	Loydon Pa	ALK	1 25g. R	REC'D BY REG			RAR'S SIGNA	TURE	
	-Brooks Inc	n - 1 + 2		21 202	DATE						
Idm Cook	-Krooks Inc	RAITIM	lore, Md.	LIZUZ	LUAIL				CLOSE		

VR A15 (4) 25M 1/67

PART - 16, STRATUTE

	and and		about added
	Landen's concluded	a County	04 (9 00 00
		JATT	THE MAN PERSON
come & 62	Certis		
	260, 20, 263		A LOS N ME ME ON
DEFERRING STATE			
unic, 3 maye.	sellen of tead to	, As .	
areb E		ni barandire	
	alcify, privile	Haw Hillore	
		e	, atmirestagists feet

THE RESERVE AND ADMITS

. (o) - (1) 3 nc, sectione, (. 11=6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07824 CERTIFICATE OF DEATH 1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b papers. Pagithin 72 hours of write RURAL and give nearest tawn)
Fort Howard 32 days Stevensville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS completely filled in Veterans Administration Hospital 3. NAME OF × First Lost DECEASED WILLIAM (Type or print) HOPPER LEWIS S. SEX 6. COLOR OR RACE 7. MARRIED VI B. DATE OF BIRTH NEVER MARRIED ony eve White WIDOWED Male DIVORCED 2/12/12 and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Custodian INDUSTRY Board of Education Ridgely, Maryland

14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME removo William H. Lewis Rosie Ireland attending property IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 221 09 68 68 Yes buriol, cremation, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) I-tronsit PART I. DEATH WAS CAUSED BY: ACUTE PULMONARY EDEMA IMMEDIATE CAUSE (o) signed by DUE TO buriol Conditions, if ony, which gove BRONCHO PNEUMONTA rise ta immediate couse (o). stoting the underlying couse XXX the r to hos been BRAIN TUMOR prior OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) Health certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH of o detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, Hour 'o.m. Not While foctory, street, office bldg., etc.) After 21. I certify that M (this haspital) attended the deceased fram. May 3 director, page 3 should should be filed with the saw the deceased alive an June 1. and that death accurred at DIRECTOR: 220. SIGNATURE ATTENDING M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) WON JU HAHN, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF Stevensville Cemetery 2

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Queen Anne c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO K 4. DATE Month Year OF DEATH June 19 67 AGE (In years IF UNDER YEAR IF UNDER 24 HRS 55 birthdoy) Hours 12. CITIZEN OF WHAT COUNTRY? Address Clinical Rods VA Hospital, Fort Howard, Md ONSET AND DEATH month WAS AUTOPSY PERFORMED? NO (City or town) (County) (Stote) 1967, ta June 4, 1967, that ((we) last M, fram causes and an the date stated above. 22b. DATE SIGNED 6/4/67 VA Hospital, Fort Howard, Md. 23d. LOCATION (City or Town) (County) (Stote) Stevensville, Maryland 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR

Edgar Lane Funeral Home

within 24 hours after

executed

pe

requires that the deoth certificate

OR ATTENDING PHYSICIAN:

HOSPITAL

enltimore has fyrish

bragot fro 2 LL STETBYLLE STATE STATE

Veterare romandering

HOTELS TENTS CHOC

SI/81,2 of the state

Oustedism board of Amention Ridgely, Margiand U.S. .

Allic F. Levis Hostari wistr

Will 221 00 60 to Winical feder W. Hospital, Fort Hemmar, Md.

AUSIS YEAR AND SAUG ACT A WAT

ROOM MIANT THE PARTY OF

10.0

out I merca

May 3 67 Juna L 67 II

19/1/9 1

finish allivanevate vister of silve state of the faint Said the said to be a second to the said

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07825

CERTIFICATE OF DEATH

07807

	01000	CERTIFICATE	OI DEATH		0.000
	PLACE OF DEATH				n: Residence before odmission)
	a. COUNTY BALLMORE)	MARYLAND	o. STATE MAR.	b. COUNTY	Balto
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH DF STAY IN 1b	c. CITY DR TDWN (If outside	carparate limits, write RURA	L and give nearest tawn)
1	write RURAL and give nearest town	soul 28days	12 11	ORE	20 1
	d. NAME OF HDSPITAL DR INSTITUTION (If not in		d. STREET ADDRESS	1	e. IS RESIDENCE DN A FARM?
	GREATER BALLO. NI	EdiCAL CENTER	620 Dumb	ARTON AVE	DN A FARM? YES NO
3.	NAME OF First	Middle ,	Last 4.	DATE Month	Doy Year
	(Type or print)	VALAh WAShington	N LINCSAY	DEATH φ	1 1967
5.	SEX 6. COLOR OR RACE 7.	MARRIÉD 🔀 NEVER MARRIED 🗀 B	B. DATE OF BIRTH		Months Doys Hours Min.
	III CAUC V	VIDOWED DIVORCED	5-28-1906	6/ yrs.	monns boys mours min.
10o	D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	te, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1-	PARTENDER IVA	TAVERN	WESTMINI	STER CARROL	USA
13.	FATHER'S NAME	1 / ()	14. MOTHER'S MAIDEN NAME	1 / 1	
1	MEIVIN DOUGIAS	LINGSAY (Dec.	HNNA LI	NOSAY (DE	ec)
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of ser		NFORMANT	Address	
110	(if yes give wor or doles or ser	219.03-6170	Pts. (hART		
	1B. CAUSE OF DEATH (Enter only one couse po	er line for (o), (b), and (c).)	1 0		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	CARDIO- RE	ShiRA-TORY	4 1-11-120	RE- ONSET AND DEATH
W,	150X DUE TO		1		
	Conditions, if ony, which gove) (b)	Caronny	of Oles	thag1	15
	nise to immediate cause (o), stating the underlying cause		+	1	
	lost. (c) _		Α		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITIE	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
STE					YES NO
RTIFI	20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	or Port II of item 1B.)	
IL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		E OF INJURY (Home, farm, ary, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
W	p.m. 19	of work of work	ay, sinces, office blags, etc.)		
	21. I certify that (I) (this hospita	l) attended the deceased fram	May 5, 19	67, to June	, 19 <u>6</u> 7, that (1) (we) las
	saw the deceased alive on	lune 1927, and that	death accurred at 7	M, fram causes or	nd on the date stoted above
	22o. SIGNATURE	la.	ATTENDING MED.		22b. DATE SIGNED
	22c. PHYSICIAN'S	M.D	PHYS. L DIRE	CTOR L PHYS.	6/1/6/
	NAME (Type) DENIS	CHAN M.D	120. ADDRESS 67 B	My C	. / .
230	BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
1	REMOVAL (Specify) JUNE S. 1	1967 MORELAND	PARK	PARK VILLE	mD.
24	I. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 25b. REGI	STRAR'S SIGNATURED MARKET
2.			_ IIIM	L TUBE	Maria Maria Maria

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. lease remove carban papers. Pages rand in any event, within 72 haurs after **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please compare carban papers. Pages shauld be filed with the State Dept. of Health prart to burial, crematian, or remayar, and in any event, within 72 haurs after the state of the contraction o Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

The second of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07826 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Maryland Baltimore Baltimore MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 2vr7mthldy Catonsville Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1055 Maiden Choice Lane STATE HOSPITAL SPRING GROVE NO [3. NAME OF 4. DATE First Middle Lost Month Year DECEASED Lisowski 67 Lenora June 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9. AGE (In veors 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs white Nov. 2. 1919 female WIDOWED DIVORCED 100 IISUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

NOU SOWLE COUNTRY? INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anthony Monroe Sophia 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service 214-12-9100 Records: SPRING STATE HOSPI TAL GROVE IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Congestive heart failure INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove (b) Bilateral pneumonia rise to immediate couse (o). DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While 1965 ta June 0, 1907, that (*) (we) last the fram causes and an the date stated above. 21. I certify that **) (this haspital) attended the deceased fram. saw the deceased alive an June 8 19 67 and that death accurred at MED. 22b. DATE SIGNED 22o. SIGNATURE Wachsley ATTENDING 6-8-67 X DIRECTOR 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23b. DATE THEREOF 23c. NAME OF CEMELERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) BEMOVAL (Specify) 24. FUNERAL DIRECTOR 2 ADDRESS REGISTRAR **BAR'S SIGNATURE** DATE

requires that the death certificate be executed within 24 haurs after campletely in any ar remaval, burial, crematian, burial-transit signed t as the priar ta certificate has been ATTENDING PHYSICIAN: The law detached fr **DIRECTOR:** After this be retained O HOSPITAL OR director, page 3 shauld be filed w TO FUNERAL VR A15 (4) 25M 1/67

CONTRACTOR OF THE STATE OF SECURITY OF SEC

the comment of the co

armille: from water and all the second

The state of the s

Ve-lied by S. State of the Control of the Control of Co

Bond brown 1957 1957

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	0782	7		CERTIF	FICATE	OF DEA	TH		078	09		
a.	COUNTY BA	170		MAR	YLAND	2. USUAL RESI a. STATE	DENCE (Where	deceased live	d, if instituti b. COUN	an: Residence b	efare admissio	an)
	CA TON	autside corporate limit give nearest town)	- 314	c. LENGTH OF STAY	IN 1b	CA	TONSY	11	ts, write RUR	AL and give ne	Darie.	
6	125 1	LOR INSTITUTION (IF IN	at in hospital, gi	9		6/25	when	TIAN	d Re	1	e. IS RESIL ON A F	DENCE ARM? NQ
DI (T	AME OF ECEASED ype ar print)	ChARI	es A	AY MONd	1 1	OOHIS		DATE OF DEATH	JUN 6	0 1	Day Yes	67
,S. SE	M	6. COLOR OR RACE	7. MARRIED [DIVORCE		July 1	1905	last	(In years birthday) yrs.	Manths Da	ys Haurs	Min.
during	g most of working l	(Give kind af wark dane ife, even if retired) NICR	IND	D OF BUSINESS OR USTRY		11. BIRTHPLACE	To	e, ar fareign co	iuntry)	12. CITIZEN COUNTI	OF WHAT	
C	HARIES NAME		DOMIS			Ber :		E. W	lien	ie Ke		
(Yes,	, na, ar unknawn)	IN U.S. ARMED FORCES? (If yes give war ar dates	af service)	OCIAL SECURITY NO.		c laide	Loor	115	6/25	When		
		ATH (Enter anly ane ca H WAS CAUSED BY: IMMEDIATE CAUSE	(a) CARC	a), (b), and (c).)	ofr	he Le	UN6	WIH		á	ONSET AND D	DEATH
	Canditians, if any, rise to immediate stating the under last.	which gave	(b) <u>METY</u> 10 (c) N	ONE	TOT	HE L	11/55		d			
ATION	PART II. OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	HE TERMINAL DIS	EASE CONDITIO	N GIVEN IN P	ART 1(a)		19. WAS AUTO PERFORM YES	OPSY MED? NO
CERT	2Da. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	OCCURRED. (E	inter nature of i	njury in Part I	ar Part II af	item 18.)			
MEDICAL	20c. TIME OF INJU Haur a.m p.m	10	20d. INJ While at wark	URY OCCURRED Nat While at wark		OF INJURY (Ha ry, street, affice b		2Df. (City	ar tawn)	(Caunty)	((State)
	saw the de	y that (I) (this hos ceased alive an_				1 m y // death accur	, 19 6 red at <u>5-</u> 00	7 , to J. 10 M, fran	の causes (date stated	we) la d abav
_		receard in	papel		M.D.	ATTENDING PHYS.	MED. DIREC	TOR	STAFF PHYS.	22b. DATE S	IGNED	
		KENWARS	1	FE		55	.01 F	OREST				
4	BURIAL, CREMATIO BEMOVAL (Specify)	6/15		DRUID ADDRESS	Ridg			1-01	7/76		M	State)
£.	S. Mac	nable	301	Frederic	KR	3	N 1 5	1967	you	GISTRAR'S SIGNA	TIUKE	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched far use as the buriol-transit permit. Then please remove <u>car</u>bon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

72070

MARCO TO STATES

e/e

Marie Sala

C.N. -57

- Toly high of

Sec. 1

a real sold

atamb of misking

and the second

Harris and the same

*

W Townson

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07828

CERTIFICATE OF DEATH

07810

						0 0 0 0 0			
1. PLACE OF DEATH					(Where deceased lived, if in		ce befare admis	sion)	
o. COUNTY	Baltimore		MARYLAND	o. STATE Maryland b. COUNTY					
	(If outside corporate limits,		c. LENGTH OF STAY IN 1b		jutside carparate limits, writ	e RURAL and give	e negrest town)		
write RURAL ar	d give nearest tawn)		37yr5mthlldy				,		
Catons				Darening	<u>'e</u>	30	7.4	CIDENCE	
	TAL OR INSTITUTION (If not in			d. STREET ADDRESS			e. IS RES	FARM?	
Spring (Frove State H	lospit	al	3328 Flee	t Street		YES [NO [
3. NAME OF	First		Middle	Last	4. DATE	Manth		/ear	
(Type or print)	Rose			Lyons	OF DEATH	June	24 19	67	
S. SEX		. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		1 YEAR IF UND	ER 24 HR	
Female	White	WIDOWED	DIVORCED	Jan. 23, 19	lost birthdo	yrs. Months	Days Haurs	s Min	
	N (Give kind of work done		ID OF BUSINESS OR		y & Stote, ar fareign country)		TIZEN OF WHAT	_	
during most of working	life, even if retired)		USTRY			(0)	UNTRY?		
Housew	.ie			Maryland		U.	S.A.		
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Frederick	Dorsch		The state of	Elizabe	th Becker				
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES?		OCIAL SECURITY NO. 1	. INFORMANT		Address			
(res, no, or unknown)	(If yes give wor or dates af s		219-54-3220-1	PECOPING.	Spring Gro	Tre Stat	a Wasni	+07	
I 18 CALISE OF I	EATH (Enter only one cause			THEOCHIO.	Dhruik are	NE DEGL	INTERVAL B		
PART 1. DE	TH WAS CAUSED BY:	Maro	cardial In	fancti on	Acute Des	+ h	ONSET, AND		
112	IMMEDIATE CAUSE (a)		odidial In	TATE OF OH	acute, Dea	en-	T MA		
420									
Conditions, if on rise to immedia	te couse (n)		eriosclero	tic Cardio	vascular H	eart D	Is. I	mon	
stating the und							0.0		
last.) (c)	Art	eriosclero	sis, Gener	alized. Se	nile	10 v	rs.	
PART II. OTHER	IGNIFICANT CONDITIONS CON						19. WAS AL	JTOPSY	
Cell	ulitis. rig	tht 1	eg, organi	am unknown	tv with	Keflin	PERFOR YES T	NO 7	
Cell 20g. ACCIDENT W. OR CONTRIBUTION (IF FITHER NOTIFIE		20h DES	CRIBE HOW INJURY OCCURR	D (Enter nature of injury in	Part Lar Part II of item 18	()	9		
OR CONTRIBUTION	CAUSE OF DEATH	200. 023	CRIDE HOW WOOK! OCCORN	so (Emoi notoro di Injer) in	Trust of tutt if of tions to	,	Marie 1759		
(IF EITHER, NOTIF	MEDICAL EXAMINER)		WIDY OCCUPAND LOS	NACE OF MUNRY (II	1 001 (6)	-\ (6	-6.3	(0)	
20c. TIME OF IN	URY Manth, Day, Year	20d. IN		PLACE OF INJURY (Home, far factory, street, affice bldg., etc		n) (Cai	unty)	(State)	
E p	m. 19	at wark		acrony, street, arrice energy, etc	"/				
21. 1 cert	ify that 🖈 (this haspit	al) attend	ed the deceased fram	1-11-30	19, to_June	24, 19	67 that #1)	(we)	
saw the o	eceased alive an 6	-24	767 19, and t	at death accurred a	t P. or P M, from cau	ses and on th	ne date state	ed abo	
22a. SIGNATURE		//	el la	6		22b. D/	ATE SIGNED		
/_	LAHATARA	1/1/	Musella	M.D. PHYS.	MED. STAFF PHYS.	[X] 6-	26-67		
22c. PHYSICIAN	Miller	19 10	- Constant	1			**	**	
NAME (Typ	Antho	ny J 2	Young, M.D.	Po1+4	Spring Grove more, Maryla	State	Hospita	1	
	- 17							-	
23a. BURIAL, CREMAT	ON, 23b. DATE THERE		23c. NAME OF CEMETERY		23d. LOCATION (City	,	. "	(State)	
REMOVAL Special	L 6-29-	671	OAK LAU	UN CEM.	7225 EASTEI			MD	
24. FUNERAL DIRECT	OD .		ADDRESS			b. REGISTRAR'S S			
101-10	14.1. 7013	CON	KLING ST.	DATES	N 3 0 1967	Muny	en Judy	34	

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers / Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in prove exent, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retoined by the hospitol or ottending physician. VR A15 (4) 25M 1/67

The later than the state of the

		62610
		Sant Stance
	restrikoya salahoma	Ustgraville
	form restained	Carlgood sands syou paints
NA THE WAT	6,001,0	
	for 1 cov. 23, 300 1 of	notical admin
.1.1.0	one Synah	a fuencoi
	Tedac Colocula	Frauerich Borsch
failfred night ave	and and account of the first of the first	203
1. 1. 1. de	dink in urotion, ware, Den	
the factor dated	Carrieralization titary rac	Programme and the second
. July of the	on the restly temperature, the	14 sperk
• 4	only our comments of these or	the latter to the latter of th
X = Id = IE =	mile of the first	A CONTRACTOR OF THE PARTY OF TH
V5-0%-0		W. Carlotte Street
Cartonol area	me, w.o	Anthony

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	07829			CERTI	FICATE	OF DEATH			7811		
a. (ltimore			RYLAND	2. USUAL RESIDENCE (Vo. STATE Mary	land	b. (OUNT)	Howan	rd	an)
Ca Ca	CITY OR TOWN (I write RURAL and atonsvi	If autside carparate limit Laive nearest tawn)	s,	c. LENGTH OF STAY		c. CITY OR TOWN (If au		ate limits, write RURAI	L and give nea	rest tawn)	
d. N	NAME OF HOSPIT	AL OR INSTITUTION (If n.	at in hospital, g	jive street address)		d. STREET ADDRESS				e. IS RESI ON A F	DENCE
S	pring G	rove State				301 S. St.	. John	n's Lane			NO
DEC	ME OF CEASED pe ar print)	Bert	rst	Middle Lillian	M	Lost [abrv	4. DATE OF DEATH	Manth June		-1	67
S. SEX		6. COLOR OR RACE		NEVER MARRI		DATE OF BIRTH		AGE (In years	IF UNDER 1 YEA		R 24 HRS.
	emale	White	WIDOWED	DIVORC		April 15, 1			Months Day		Min.
during		(Give kind of wark done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or fo	oreign country)	12. CITIZEN COUNTR U.S	Y ?	
	THER'S NAME					14. MOTHER'S MAIDEN I	NAME				
1	Howard	Smith				Lillian	Murrok	137			
15. W	AS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO.		cords: Sp		Address	e Hosp	1+07	
ris ste la:		, which gave e cause (a), elying couse	TO (b) TO (c) ONTRIBUTING T	O DEATH BUT NOT RI		ardiwascula				19. WAS AUT	MED?
S _				Achexia						YES	NO _
CERT	R CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (I	Enter nature af injury in	Part I ar Par	rt II af item 18.)			
MEDICAL	Hour a.r p.r	n. 19	While at war	NJURY OCCURRED Not While at wark	facta	E OF INJURY (Home, farm ry, street, affice bldg., etc.))	(City or town)	(County)		(Stote)
	21. I certi	fy that () (this has eceased alive an_	pital) attend June 1	ded the deceased	d fram_A and that	pril 2, , 1 death accurred at	2:25	na June . M, fram causes ar	<u>L2</u> 19 <u>67,</u> nd an the d	that (IX)	(we) la d abav
2	22a. SIGNATURE	Stell	1.	ichslin	M.D.	ATTENDING -	MED. DIRECTOR	STAFF PHYS.	22b. DATE SI		
2	22c. PHYSICIAN'S NAME (Type	Stell	a Wachs	sler, M.D.		22d. ADDRESS Cations	Spring	Grove St Maryland	ate Ho: 21228	spital	l
R	BURIAL, CREMATIC REMOVAL (Specify Burial	4	EREOF 4/67	23c. NAME OF CEN	Park C	REMATORY emetery	23d. LC	CATION (City or Town altimore	i) (Cour	M	Stote)
24. F	UNERAL DIRECTO	R H. Hubbard		ADDRESS 4107 Wilke	-	e. DATE	BY PEGIST	967 2Sb. REGI	STRAR'S SIGNA	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death physician and completely filled in by the funeral on please remave carban papers. Pages and and on and on any event, within 72 haurs after deals **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit. In shauld be filed with the State Dept. af Health prior to burial, cremation, or term Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

MODEL PRINCIPAL STATE OF THE PRINCIPAL PRINCIP 28850 And them to be the second of t Cruck State Life smalled the network of Jones and the . . . in the late of the first of the Wet are times also.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07830 07812 CERTIFICATE OF DEATH URA, HELEN BALTIMORE COUNTY
(Il not in hospitol or institution, give street FULL NAME OF HOSPITAL OR oddress or location) outside city limits, write RURAL and give township) BEAUMONT CATONSVILLE MD EAUMONTAUE Il Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (pocily) TIDA USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTR) 12. CITIZEN OF WHAT COUNTRY? death certificate be .=done during most of working life, even if retired) HOUSEWIFE -Timo RE. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RACHUBA 215. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) cremati 1B. DISEASE OR CONDITION DIRECTLY YELD NEPHRIT LEADING TO DEATH (This does not mean the mode of dying, e.g., Left NEPHRECTOMY heart failure, asthenia, etc. It means the disease, ar attending injury as camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above couse (A) stoling the UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 22. I certify that (1) (this haspital) attended the deceased fram. that (1) (we) lost sow the deceased alive on ond that in(my) (aur) apinion death occurred an the date director, page 3 shauld shauld be filed with the and hour and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURI Attending -M.D. 23D. ADDRESS REMOVAL (Specify) 25C. FUNERAL DIRECTOR

funeral and

__

campletely

and

signed by the burial-transit

certificate has been

After

as the

vent,

remava

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07831 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) PLACE OF DEATH b. COUNTY BALTIMORE o. COUNTY o. STATE MARYLAND BALTIMORE MARYLAND c. LENGTH DF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, 151 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1111 GOODWOOD ROAD VETERANS ADMINISTRATION HOSPITAL NO D NAME OF First Middle Last 4. DATE Month DECEASED WILLIAM MARSH JUNE (Type or print) DEATH 6. CDLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED T DIVORCED NEGRO 1Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? BALTIMORE MARYLAND

14. MDTHER'S MAIDEN NAME LABORER CONSTRUCTION U.S.A 13. FATHER'S NAME BERRY MARSH CARRIE BUTLER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war or dotes of service) 212 07 83 32 CLINICAL RECORDS. VAH, FT. HOWARD, MD. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: S CAUSED BY:

IMMEDIATE CAUSE (0) BRONCHOPNEUMONIA, BILATERAL, UNDETERMINED ORGANISM RECENT Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse (c) NEOPLASM, UNDETERMINED ORIGIN, LUMBAR & THORACIC SPINE WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE DE DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dc. TIME OF INJURY Month, Dov. Year 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this haspital) attended the deceased fram. ____, and that death accurred at 9:15 PM ram causes and an the date stated above. 6/22/67 saw the deceased alive an_ 19_ 22o. SIGNATURE 22b. DATE SIGNED 6/23/67 M.D. DIRECTOR 22c. PHYSICIAN'S VAH FORT HOWARD, MARYLAND NAME (Type) NEILON NEILSON. M. D. 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND BURTAL.

be executed within 24 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate

O HOSPITAL

TO FUNERAL DIRECTOR: director, p

page e filed

24. FUNERAL DIRECTOR

BEGRETAL	(s and a	ঝ		eso.et	TAE
	the state of the s	AB.	151 2 15	(151.1×1)	THOS
	C.O. Govern	00 111	· Party	- DE STATE OF CO	VETTERANS
22, 57		r & list	A	MISSIN	
	53	41/1/8	X	ontait	MIAN.
14.8.11			COLICUMEN	00	ETROPA
	HITCH	HIFT.		To a second	D.M. YSDAF
	o one a samula , i	ieiso dalina		ioini — J	
The second					
	Ma St. 6 /50/9			\25\7	

MALCON NATIONAL M. D.

DATE OF THE PARTY The best of the state of the st 923 E. Rough vo. Wallisty, Ma.

FOR STATE HEALTH DEPT. h the State Department of necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, at the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM This certificate should be executed within 24 haurs after death. If 00 I de la Compania Health prior ta burial, crematian, or remaval, and in any event within 72 haurs after death TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages

DIVISION OF VITAL PECOPOS RAITIMORE MARYLAND 21201

	07837	3	MED	ICAL EXAMIN	ER'S	CERTIFICATE	OF DEATH	0781	4			
	PLACE OF DEATH D. COUNTY Baltim	ore		MARYI	LAND							
Ł	CITY OR TOWN (If outside corporate limit give nearest tawn)	s,	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
T	exas	give neurest tawn)		THE PARTY		Baltimo	ore		30.11			
		AL OR INSTITUTION (If n	at in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
						3112 Remington Avenue YES						
	NAME OF DECEASED		rst	Middle		Lost	OF.	onth	Doy Year			
	Type or print)	JOH	V	JOSEPH		MARTENS	DEATH J	une	18, 19 67			
S. S	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	XI S	EPT 1841	9. AGE (In years lost birthdoy)		YEAR IF UNDER 24 HRS. Doys Hours Min.			
		(Give kind of work dane life, even if retired)		ND OF BUSINESS OR DUSTRY	<u> </u>	11. BIRTHPLACE (Stot		12. CIT	IZEN OF WHAT			
13.	FATHER'S NAME	IOWARD	V.		728	14. MOTHER'S MAIDEN	NAME P.		4,07			
1S. (Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes) OCTS8 — OCS	of service)	SOCIAL SECURITY NO.	17. 11	NFORMANT		dress - REM	INC TONAVE			
	1B. CAUSE OF DI PART I. DEAT QQQ & Conditions, if ony, rise to immediat stoting the under lost.	e couse (o),	(o) TO (b)	(a), (b), ond (c).) Drowning					INTERVAL BETWEEN ONSET AND DEATH			
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS (O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	F13	19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTIFICATION	20a. EXTERNAL CA PRIMARY 1 or COI CAUSE OF DEATH.	USE WAS NTRIBUTING				Enter noture of injury in wimming in	Port I or Port II of item IB.) quarry					
MEDICAL	2Dc. TIME OF INJU Hour o.n Unk p.n		While	Not While	2De. PLAC focto	E OF INJURY (Home, far ory, street, office bldg., etc water	m, 20f. (City or town)	,	imore, Md.			
		y that I taak charg led fram: Natur Uww. Werner U.	al causes	nains described ab		de, Hamicido CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDIC	e, Undetermined		and in my apmion 22. DATE SIGNED 19/67			
	BURIAL, CREMATIC REMOVAL (Specify	JUNE	22/67	23c. NAME OF CEMEN		REMATORY	23d. LOCATION (City or ELKRIDGE	= MD,				
24.	FUNERAL DIRECTO	R 328	3/17/	ADDRESS	en.		D BY REGISTRAR 25b.	REGISTRAR'S SI	GNATURE			

1967

VR A15ME (5)

25328

5 may be retained far yaur files.

TO DEPUTY MEDICAL EXAMINER:

ROWFER STEERS NOT 56280 F Fre was the method property states as a second soll MILETELL STREET, PROPERTIES CENTRALE TON the comment of the second of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01000	0.4815	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resi	dence before admission)
•. COUNTY Baltimore MARYLAND	o. STATE Md. b. COUNTY Ba	lto.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL end g	ive nearest town)
write RURAL and give nearest town) Reisterstown:	Reisterstown 03	1-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
75 Main Street	75 Main Street	YES NO X
3. NAME OF First Middle		Dey Year
(Type or print) ILa U.	Mathias OF June 3	, 1967
	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED &	une 20, 1888 last birthday) Months Da	ys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife	Balto. (o. Md.	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George E. Ducker	Mary E. Tinkler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	John H. Ducker Baltimore, Md.	
18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) Generalized Carcino	omatosis	15 yr
DUE TO	ALCO DE LA CONTRACTOR D	-1
Conditions, if any, which \ (b) Reticulum cell sarc	oma	1½ yr
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last. (c)		
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	a) 19. WAS AUTOPSY
<u> </u>		PERFORMED?
▼		YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not While at work at work at work	ory, street, office bldg., etc.)	
21. I certify that (I) (IMX KASKital) attended the deceased from	8-22-47 19 to 6-3-67 19	that (1) (3636) last
saw the deceased alive on5-15-6719, and that	death occurred at 2A.M, from the causes and on the	
22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
D. D. Copper		6-5-67 SIGNED
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) D. D. Caples, M. D.	6 Hanover Rd., Reisterstown,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
Burial (Specify) June 6, 1967 Lutheran Ceme	rtery Reisterstown, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'O BY REGISTRAD 256. REGISTRAR'S SIC	NATURE
J. F. Eline & Sons Reisterstown, Md.	DATE 1967	The state of the s
1 Court a constant, rat	IDAIL	

VR A15 (4)

SHADED DODGED OF TO LOT WILL. Charles a consuced PARTIE RESIDENCE THE PROPERTY AND RECEIVED AND RE-The state of the s Manager Control of the Control of th

to be deployed by the control of the second
OHIOLOGICAL CARLANTIC

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M.E. Release

FOR STATE HEALTH DEPT. delay is 2, and 2 State Departme P.M3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office blang with form necessory, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, This certificate should be executed within 24 hours ofter death. 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Health prior to buriol, cremation, ar removal, and in any event within 72 hours ofter death. TO DEPUTY MEDICAL EXAMINER:

07834	MEDI	CAL EXAMINER'S	CERTIFICATE C	OF DEATH	07816				
o. COUNTY Baltimore		MARYLAND	CTATE	Where deceased lived, if institution b. COI	utian: Residence befare admission)				
b. CITY OR TOWN (If outside carpor write RURAL and give nearest to Towson	wn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Baltimore 30.4						
d. NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospit			d. STREET ADDRESS	ran Avenue 212	e IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First EDWARD	Middle FRANK	MC CANN	OF JU	onth Day 2 Year 2 19 67				
S. SEX Male 6. COLOR OR I		NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6-20-93	9. AGE (In years last birthday) 73 yrs.	Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind af wo during most af working life, even if retire Printer (Book	d) _ IND	D OF BUSINESS OR USTRY ired	11. BIRTHPLACE (State Baltimos		12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Joh	n McCann	3127 17	14. MOTHER'S MAIDEN	Ellen 1	Dillon				
15. WAS DECEASED EVER IN U.S. ARMED (Yes, 45, ar unknawn) (If yes give war.	or dates of service)		informant ife: Georgi	ia McCann(san	ress ne)				
PART II. DEATH WAS CAUSED IMMEDIAT Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT COND	DUE TO DUE TO	ONCHARGE TO	THE TERMINAL DISEASE CO	Terios (a)	19 MAS AUTOPSY YES NO BE				
20g. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day Hour a.m.	Fall		(Enter nature of injury in ACE OF WIURY (Hame, carr tary, street, affice bldg, etc.	m, 20f. (City ar fawn)	Home (State)				
21. I certify that I took death resulted fram: ACTUAL SIGNATURE EXAMINER'S NAME (Type) CHARLES	chorge of the rem	ains described abave, h	CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDIC	Inspection [], Inceeding the Inspection II, Inceeding Inspection Inceeding Inspection In	quiry, and in my apinio				
23o. BURIAL, CREMATION, 23b. REMB(AL (Specify)	0 THEREOF 6/6/67.	23c. NAME OF CEMETERY OR New Cathedra.	CREMATORY 1 Cemeters	23d. LOCATION (City or I	ore, Md.				
Leonard J. Ruck,	Inc. Balte	ADDRESS D. Md. 21214	2Sa. DEC		REGISTRAR'S SIGNATURE				

VR A15ME (5)

make the control of t orby Nich . . . (agos) retniel enelight eneligh soff. malf. a later than the state of the land that the A Street - The Street Color THE RESERVE OF THE STATE OF THE the exemption constant factorism up to the factorism. Atom is offer on the state of the

death.

Tage 4 may be retained by the mospital of attending physician, To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attended may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
07835 CERTIFICATE OF DEATH 0781	7
1. PLACE DF DEATH a. CDUNTY b. COUNTY b. COUNTY DATE 1. PLACE DF DEATH b. COUNTY DEATH b. COUNTY DEATH b. COUNTY DEATH	before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nearest town)
TT 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IS RESIDENCE ON A FARM?
3. NAME DF A First Middle Last 4. DATE Month Day	Year Year
Type or print AMES A. Mc CARRON DEATH 6-15	1967
5. SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR) Months Days yrs.	Hours Min.
1Da. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, everyif settred) 1Db. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTRY	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Parties Me Carron Fallone?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or protown) (If yes give war or dates of service) 2060/0378 MW. Um My 1000 Book	Ban Hi
ONSE	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Degocardial Discorpensation	mo.
Conditions, If any, which \ m Astronomy Astronomy Candin - Verseles Server 1=	537
gave rise to immediate cause (a), stating the DUE TO	-
underlying cause last. (c)	
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH DR CONTRIBUTING CAUSE OF DEATH (if EITHER, NOTIFY MEDICAL EXAMINER)	WAS AUTDPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 And While at work at w	(State)
21. I certify that (I) (this hospital) attended the deceased from 5-1-, 1967, to 6-15, 1967, the	
saw the deceased alive on 6-23 1967, and that death occurred at/340M, from the causes and on the date	
M.D. ATTENDING MED. STAFF 6-15-	0 -
22c. PHYSICIAN'S Wilmer H. Gallager 6209 Frederick Cyt. Ball. 2122	Ind.
23a. BUNIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY)	Ustrale).
24 FUNERAL DIRECTOR OF ADDRESS 254. REC'D BY REGISTRAR 256 RECISTRAR'S SIGNAL DATE DATE DATE	Je.
(S) VS had	

and the state of t

The state of the s

the state of the second
The second of th

THE PROPERTY OF THE PROPERTY OF THE PARTY OF

AND STREET THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

07836	CERTIFICATE	OF DEATH		07818
f. PLACE OF DEATH o. SOUNTY TIMORE	MARYLAND	WHERE WHERE	deceosed lived, if institution: I b. COUNTY	Residence before odmission)
b. CITY OR TOWN (If autside corparate limits, write BURAL and give nearest town)		CITY OR TOWN (If outside of	orporate limits, write RURAL o	and give nearest town) 30.
d NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street pdd(ess)	SAL FINOR STREET ADDRESS	101/	e. IS RESIDENCE ON A FARM?
3. NAME OF First	ee Pley Penter 1	212 St. 144	ATE Month	Doy Year
(Type or print) ANN QUIN	VIAN AME MC	CARTHY B	EATH JUNE	30 1967
Female CAU W	DIVORCED 5	27/1890	last bartiday) Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
1Do. USUAL OCCUPATION (Give kind of work of ne during most of working life, eyen; if retired)	10b. KIND OF BUSINESS OR INDUSTRY	BALTO M	, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME FRANCIS Ouin/lan	J (Dec).	4. MOTHER'S MAIDEN NAME	lio 1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. MF	ormant of the	Chare D	
1B. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:	r line for (o), (b), and (c).) 17 esentarce TA	rombosis		SONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	Carcinoma of the	head of the	pancreas	Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (En	ter noture of injury in Port I	or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		OF INJURY (Home, form, , street, office bldg., etc.)	2Df. (City or town)	(Caunty) (State)
21. I certify that (I) (this hospital saw the deceased alive an			2, to 6/30 27. M, from causes and	, 19 <u>6</u> , that (1) (we) last on the date stated above
220. SIGNATURE Death A	Bruce M.D.	ATTENDING MED. PHYS. DIRECT	STAFF STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) D.A. BRUCE	3	22d. ADDRESS	M.C.	
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 7/3/67	23c. NAME OF CEMETERY OR CRE		3d. LOCATION (City or Town) Balto. City. 1	(County) (Stote)
24. FUNERAL DIRECTOR	Western Cemet	250. REC'D BY R		RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the fadirector, page 3 should be detached for use os the burial-tronsit permit. Then please remaye carbon papers. Page 1 should be filed with the State Dept. of Heolth prior to burial, cremation, or removol, and in ony event, within 72 hours after

54.01.4.0 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07837

CERTIFICATE OF DEATH

	0000			CLIN	IIIICAIL	OI DEATH						
1	1. PLACE OF DEATH 0. COUNTY Baltimore				MARYLAND	CTATE	Where deceased lived, if institution b. (0)	ution Residence	peld e admissio	n)		
I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
		Howard		11 Day	V3	Balt	timore		304			
		TAL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress		d. STREET ADDRESS			e. IS RESID ON A FA	ENCE		
1	Veter	ans Adminis	tration	Hospita	al	540 Bast	t 22nd Street		parties .	NO T		
	3. NAME OF		rst	Middle		Lost	4. DATE Mo	nth	Doy Yea	r		
	(Type or print) JOHN			BENNIE	MC I	NTYRE	OF DEATH JUNE	4	19	67		
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RRIED 🔲	8. DATE OF BIRTH	9. AGE (In years birthdoy)	Months D	YEAR IF UNDER	24 HRS. Min.		
	Male	Colored	WIDOWED	DIVO		4/7/85	82 yrs.			19(111).		
	10o. USUAL OCCUPATIO during most of working	N (Give kind of work done		ND OF BUSINESS O	R	11. BIRTHPLACE (County	& Stote, or foreign country)		EN OF WHAT			
	Cook	ine, even in remou		rivate Fa	amily	Sanford,	Florida	U.S.	A.			
1	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
		Robert McIn				Sallie E	vans					
1	(Yes, ng, or unknown)	ER IN U.S. ARMED FORCES?	of service) 16. S	SOCIAL SECURITY N	10. 17.	INFORMANT		ress				
	Yes	(If yes give war or dotes o	213	3-12-25-	52 Cl	in.Rec. VA	Hospital, For	t Howard	d, Md.			
		EATH (Enter only one cou TH WAS CAUSED BY:	ise per line for	(o), (b), and (c).)		TON				TERVAL BETWEEN		
1	P Marie	IMMEDIATE CAUSE	(o) PUL	MONARY I	NFARCT	TOM			ONSET AND DEATH			
	Conditions, if ony, which gave) (b) PULMONARY EMBOLISM											
	Conditions, if ony	te couse (a)	(~/				RECENT					
1	stating the unde	rlying couse DUE		ROMBI LE			YEARS					
1	last.	,				HEART DISE						
,	PART II. OTHER S				RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)		19. WAS AUTO PERFORME			
4	BENI	GN PROSTAT			N OCCUPPED	15	D . 1 D . 11 C . 10 1		YES I	NO		
	(IF FITHER NOTIFY	S UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	ZCKIRF HOM INJUR	Y OCCURRED.	(Enter nature of injury in	Port 1 or Port II of item 18.)					
	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of two								stote)			
	21. I certify that (this hospital) attended the deceased fram May 21, 1967, ta June 1, 1967, that (we) last saw the deceased alive an June 4, 1967, and that death accurred a 225 PM fram causes and an the date stated above.											
	220. SIGNATURE LOCAL M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 6/4/67											
	22c. PHYSICIAN'S NAME (Type		DUDAS,	M. D.		VA HOSPI	TAL, FORT HOW	ARD, MA	RYLAND			
	23o. BURIAL, CREMATI REMOVAL (Specific		EREOF -	23c. NAME OF			23d. LOCATION (City or I	,	.,	tote)		
1	Burial 24_FUNERAL DIRECTO	OR.	0/	ADDRESS		ional Cemete		REGISTRAR'S SIG				
0	Et any b	Velser		2004 0	rleans	Street DATE J			es Jus	An .		
F	Elroy Wil	son Funeral	Home	Baltim	ore, M	aryland	1001		0 0			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after deether within 24 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

La Press

They and son Toneral Lome

						9	5
		hasiya	M.			@ 1 0 .	i.
		970 A.	ą	SUF TE		\$15 198 J. :	1700
7.	- 1	5118 6038 In	E 6.13	: 3 # 1 r p r	i noisente.	idinek ode	เองิสโ
70	11 8	MUI.	fr Pitt			O.C.	
		19	38474		XX,	Colored	01:10
	0.8.4	sbiroll,	Sanfor	villed at	rirg		Sool
		Byone	58138		estr	Robert No.	
. bM	, brained inc	Mospical, 8	Manager V	2-25-52 0	233-1	I	20 Y
				Vaget.			
				A DAVID LIN			
26	78 4 8	5:25 IN Sun	No. 1	. 73	i emi		
10	141/3						
T CAN'T	Y	erat, inte	EMI AV				

isitimore Mational Constery Poul Orlenna Street

ras from M. promittes

unitime, Mariland

MARYLAND ST

Division of STATISTICAL RESEARCH AND RECO

24. FUNERAL DIRECTOR
Leonard J. Ruck, Inc. Balto. Md. 21214

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201

	07838	3		CERTIF	ICATE	OF DEATH			075	220		
	PLACE OF DEATH a. COUNBalti	more		MARY	LAND	2. USUAL RESIDENCE (Va. STMarylan		eased lived, if institut b. COUI		ce befare	e admissio	an)
	b. CITY OR TOWN (If autside corparate limit give nearest town)	s,	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If ou Baltimore		orate limits, write RU	RAL and give	nearest	tawn)	. /
		AL OR INSTITUTION (if no Hospital	at in haspital, g	ive street address)		d. STREET ADDRESS 2813 Alden	Rd.				ON A F	
3.	NAME OF DECEASED (Type or print)		rst	Middle H •	Mc Ma	Last	4. DATE OF DEAT			Day	Ye	57
	sex ale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	-	DATE OF BIRTH 1/30/1878		9. AGE (In years birthday) yrs.	IF UNDER Manths	Days Days	IF UNDER Haurs	Min.
10a	. USUAL OCCUPATION ng mast af warking etired f	(Give kind af wark dane life_eyen if retired)		DUSTRY Balto.		11. BIRTHPLACE (County Maryland		fareign cauntry)		IZEN OF UNTRY?	WHAT	
13.	FATHER'S NAME	Francis	Patric	k McManus		14. MOTHER'S MAIDEN	NAME	Alice				
15. (Ye	WAS DECEASED EVE s, new of unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service) 16. S	O-44-1347		FORMANT W. Wagner		Addr	ess (Sa	me)		
	1B. CAUSE OF D PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cong	(a), (b), and (c).) estive hea	art fa	ailure					RVAL BET	
	Canditians, if any rise to immediat stating the underlast.	e cause (a), (. ,	riosclerot	tic he	eart diseas	e					
ATION		GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CO	NDITION G	IVEN IN PART 1(a)			WAS AUT PERFORM	OPSY NED? NO
MEDICAL CERTIFICATION	206. ACCIDENT WAS UNDERLYING DON'T REDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.)											
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 20d. INJURY OCCURRED While at wark at wa											
	21. I certify that (this haspital) attended the deceased fram 6/6/ , 19 67, ta 6/7/ , 19 67 that (1) (we) las saw the deceased alive an6/7/ 19 67, and that death accurred of 300 M, fram causes and an the date stated abave 22a. SIGNATURE. ATTENDING MED. STAFF SIGNED JURE SIGNED JURE SIGNED JURE 8, 1967											
	22c. PHYSICIAN'S NAME (Type	Lawrence	F. Mis	anik, M.D.	M.D.	22d. ADDRESS	k Rd	Towson				7
230	BURIAL, CREMATION REMOVAL (Specify		EREOF	23c. NAME OF CEME Holy Red		Ce metery	23d.	LOCATION (City or To Baltime		(Caunty)) (5	State)

REC'D BY REGISTRAR

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate, be executed within 24 haurs after death Page 4 may be retained by the hospital or ottending physician.

VR A15 (4). 20 M 1/66

1 Saltan in manion The Backs by the Carlo 1714/01/ and still offer and and the state of the s (comp.) AND I SHAN IT IN THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS Market J. J. L. B. B. Carlotte Market M. L. L. B. Stranger M. Market M. Mark March 1964 A State of the control of TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havrs after death.

7-1-4613

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS Item #2b,c & d inf infor taken form Death 07833 cert.

07821

2 2	_		0,00			GEICH III	47112	01 0071111			0 0 0 0	A
P P P	N N		LACE OF DEATH					2. USUAL RESIDENCE (V				
5-11	VI		Ba	Itimore		MARY	AND	o. STATE Mary Land		b. COUN	Bal V+	indre
afte afte	-/		. CITY OR TOWN (If outside corporate limits	,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		limits, write RUR		
Pag Urs			Write RURAL and	d give nearest tawn)		2 days		Towson/	Joppa	27085		15.3
n b				AL OR INSTITUTION (If no	t in hospitol, a			d. STREET ADDRESS		oppa Far	- D:	e. IS RESIDENCE
ed i	56		Greater	Baltimore N	Andinal	Conton		670X/Nor	7 7 4 7 PT	JVIII dv	rms rd.	ON A FARM? YES NO X
E P	50	3	NAME OF	Fir		Middle		Lost	4. DATE	FIES/ST Mont		Doy Year
Laga 1			Type or print)	BAB'		Middle	McN	IULLEN	OF DEATH	6		21 19 67
ple fent		S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years	I IF UNDER 1 YEA	
anding physician and completely filled in by the funeral nit. Then please remove responsible papers. Pages I and arremaval, and in any event, within 72 haurs after death			Male	W	WIDOWED	DIVORCED		6/19/67	- 34 5	lost birthdoy)	Months Do	ys Hours Min.
		100		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State or forei	an country)	12 CITIZEN	OF WHAT
se se		duri	ng most of working	life, even if retired)		DUSTRY		Baltimor		.,	COUNT	U. S.
sicio olea , an		13	FATHER'S NAME					14. MOTHER'S MAIDEN I		yranu		J. J.
phy ava				Innui Makut								
Em Ha		75	MAS DECEASED EVE	Henry McMul		OCIAL SECURITY NO.	1 17 1	Carol An	ne U'D		25 2 21	
the attending physician and issit permit. Then please remnation, and in an		(Ye	s, no, or unknown)	(If yes give wor or dotes o			"				Br Balt	
aft an,			No	FAVIL (F. A.	0 (None		Dr. N. H. K	olsky	Medica	al Cent	
the sit			PART I. DEA	EATH (Enter only one cause TH WAS CAUSED BY:				D.				ONSET AND DEATH
		\sim	2721	IMMEDIATE CAUSE	,	line Membr	ane	Disease				2 days
physician signed by surial-tra			Conditions, if ony	DUE which gave								
physici signed burial- burial,			rise to immediat	e couse (o),	(b)	100		-				
G e = 0			stoting the unde	rlying couse								
					(c)	O DEATH OUT NOT DELL	TED TO	THE TERMINAL DISEASE CON	IDITION CIVEN	IN DADT 1/-)		19. WAS AUTOPSY
e has	1	NO	PART II. OTHER SI	GNIFICANT CONDITIONS CO	JNIKIBUTING I	O DEATH BUT NOT KELF	ALED TO	THE TERMINAL DISEASE CON	IDITION GIVEN	IN PART I(0)		PERFORMED?
al or icate far us Healt		R	OR ACCIDENTANT		I not not	Color How william oc	CHRDED	(F	NO	1 () 101		YES K NO
		CERTIFICATION		CAUSE OF DEATH	20b. DE	CKIBE HOW INJURY OF	CURRED.	(Enter noture of injury in	Port I or Port	I of item 18.)		
hasp is cer achec ept. c				MEDICAL EXAMINER)	1 201 11	THINK OCCUPANT	00 014	or or mulby (I)	Loot	(6)	(6	(64-1)
0 = = 0		MEDICAL	Hour o.	JRY Month, Doy, Year n.	While	JURY OCCURRED Not While		CE OF INJURY (Home, farm ory, street, office bldg., etc.)		(City or town)	(County)	(Stote)
by the		2	p.1		ot work			6/10	- 67	1	2163	
Af				fy that (I) (this has	oital) attend	ed the deceased to	ram	6/19,1 t death accurred at	9.6/, ta	6/	21, 19.67,	that (I) (las
ECTOR: shauld			220. SIGNATURE	eceased alive an	0/	21 1907 , 0	na ina	dearn accurred at	4:24 pm,	tram causes	22b. DATES	
~ (m)			220. SIGNATURE	Inha 3	11	1.	J.M.	ATTENDING	MED.	STAFF X	L .	22/67
be DIR			22c. PHYSICIANS	71 1000 6.	PHU	an	M.L	D. PHYS. L.J. 22d. ADDRESS	DIRECTOR L	J PHTS. K	0/	22/01
RAL DIR	1		NAME (Type	John E.	Adams.	M. D.			r Balt	imore Me	edical (Center
4 2 5 5	1	230	BURIAL, CREMATIO			23c. NAME OF CEME	TERY OP			ATION (City or Tox		unty) (Stote)
Page 4 r	0	1	REMOVAL (Specify		167	1		NATIONAL	1	TIMORE,		,,
2 2 5	1	24	FUNERAL DIRECTO	IR- D	101	ADDRESS	NE.		BY REGISTRA	R 2Sb. RE	GISTRAR'S SIGNA	
VR A15 (4) 1 25M 1/67)	K	obed 6.0	Thenha go	6009,	HARFORD	Ro			67 gc	liantes	Judge
20111 17 97			Junera	HONE DOC.	- //		- 1-	UALEUTY	61	10111	- 0	7 0

CANADA . A CANADA

Bereit and Least Marine Contract of 25/2 25

A STATE OF THE PARTY OF THE PAR

250

FOR STATE/I HEALTH DEPT

07840

ME EXAMINER: This certificate should be executed within 24 hours after death. If any delay eccessary, recused a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 so the funeral Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 should retained for your files. please execut TO DEPUTY ME

A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
100 PARTICAL EVAMINED'S CERTIFICATE OF DEATH 17822

1. PLACE OF PEANI BALLIMOPE COUNTY A. COUNTY MARYLAND D. CITY OR TOWN (If Outside percent limits, c. LENGTH OF STAY IN 1D NOT THE COUNTY OF THE COUNTY O	00020	0.000
D. CITY OR TOWN (if outside corporate limits, write RURAL and given neirest town) With RURAL and given neirest town) A TRAME OF THE CHAPTER	a. COUNTY Dat childre County	
G. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) G. STREET ADDRESS O. STREET A	mat i Baro	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 2 0 8 WAN U + AVENUE 20 9 WIDOWED 3. BARNE OF DEPTH 3. SEX 6. COLOR OR RACE [7, MARRIED NOVER MARRIED B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE [7, MARRIED NOVER MARRIED B. DATE OF BIRTH 6. SEX 9. AGE (in years IF UNDER 17EAR) HUNDER 24 HRS. Isst Dirthday) Months Days Moorts Min. 10. USALO COCUPATION (Give kind of work doors) 10. KIND OF BUSINESS OR L. BIRTHELAGE (State or foreign country). Wonths Ifte, even if retired) 13. FATHERS-HAME 14. MOTHER'S MANDEN NAME 15. WAS DED CASE OF YEAR IN U.S. ARMED FORCES; 10. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one ceuse per line for (0)(7)), end (0). 17. INFORMANT Address WANDEN NAME WA	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
3. BAME OF DECEASE OF THE NOTE OF STATE		Baltimore. 03.1
3. RAME OF STEERNAL CAUSE MAKE 7. MARRIED 19. ADDITION (GIVEN IN JURY OCCURRED LONG), and (e). There is to immediate cause (e). stating the underlying cause (est. (c). DESCRIBE HOW INJURY OCCURRED. (c). Cash Hour of County in County		
Security		1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIVORCED DIVORCED 3 - 25 - 898 is a stair driving by Hours Min. DIVORCED DIVORCED 3 - 25 - 898 is a stair driving by Hours Min. DIVORCED STAIR BY HOURS MI	DECEASED (Type of Drint)	tights of of
DIVORCED DIVORCED 3-8-88 Basilitudary Months Days Hours Min.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
INDUSTRY STATE S	Male Negro WIDOWED DIVORCED .	0-25-1818 69 yrs.
13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE DEPORT IN CITY OF CONTRIBUTION OF COUNTY 19. CONTRIBUTION OF CONTRIBUTION OF COUNTY 19. CAUSE OF DEATH 19. WAS AUTOPSY 1	10e. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR during most of working life, even if retired)	
13. FATHER'S HAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (9) YO), end (c) 18. CAUSE OF DEATH (Enter only one course per line for (9) YO), end (c) 18. CAUSE OF DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: 19. PART I. DEATH WAS CAUSED BY: 19. DUE TO 19. Conditions, If eny, which gave rise to immediate cause (e), stating the underlying course lest. 19. PART II. OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. EXTERNAL CAUSE WAS PERFORMED YES NO	Ketind Steel Way Kors	
15. WAS DECEASED EVERTINU.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse (e) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 10), end (c) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 19. WAS AUTOPSY PERFORMED (Enter only one ceuse per line for (e) 19. WAS		
18. CAUSE DF DEATH LENter only one ceuse per line for (a)(b), end (c) 18. CAUSE DF DEATH LENTER ONLY COUNTY	FRANK MCNAir	KOSA TATUHS
18. CAUSE OF DEATH LENTER ONly one ceuse per line for (e)(b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If eny, which gave rise to immediate cause (e), stating the underlying cause lest. (b) PART II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICAN CONDITIONS CONTRIBUTIONS CONTRIBUT	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
PART I. DEATH WAS CAUSED BY: DUE TO	(1 de gire na di dates di sa rice)	S. Annie Makair 208 Wolnet Av
IMMEDIATE CAUSE (9) DUE TO	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).	INTERVAL BETWEEN
DUE TO (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20a. EXTERNAL CAUSE WAS PERMARY OF CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, Farm, Pum. Pum. Pum. Pum. Pum. Pum. Pum. Pum.		Tanaly Occlusion Onsei and Death
Conditions, if eny, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNATURE 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-modre of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter-modre of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter-modre of injury in Part I or Part II of Item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter-modre of injury in Part I or Part II of Item 18.) COLUMN 19	11001	001
gave rise to immediate cause (e), stating the discovery of the cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter-induce of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter-induce of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter-induce of injury in Part I or Part II of Item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-induce of injury in Part I or Part II of Item 18.) 20c. Time Of INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, p.m. 19 et work of et work factors, street, office bldg, etc.) 21. I certify that I took charge of the remains described above, held an Autopsy , inspection , inquiry , and in my opinion death resulted from: Natural rauses , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ACTUAL SIGNATURE 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) State) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 111 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Conditions If any which I	I CAN DE MARACULLIA 15 CLAN
Underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAYED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS CAUSE OF DEATH 20a. EXTERNAL CAUSE WAS PERFORMED? YES NO WHILE NO WHILE PERFORMED? YES NO YES N	gave rise to immediate	4 comercial portion
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF INJURY (Home, farm, factors, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factors, street, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: 22. Date signed Deputy Medical Examiner Deput	cause (e), stating the)
20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.) 20a. Time Of Injury Month, Day, Year 20d. Injury Occurred 20e. Place Of Injury (Home, farm, factory, street, office bldg., etc.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enternature of Injury In Part I or Part II of Item 18.) 20c. Time Of Injury Month, Day, Year 20d. Injury Occurred 20e. Place Of Injury (Home, farm, factory, street, office bldg., etc.) 20c. Time Of Injury Month, Day, Year 20d. Injury Occurred 20e. Place Of Injury (Home, farm, factory, street, office bldg., etc.) 20c. Time Of Injury In Part I or Part II of Item 18.) 20d. (City or town) (County) (State) 40d. Accident Accident Accident Accident Accident Accident Accident Accident Address (Street, clty, town) (County) (State) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Accident		TO THE TERMINAL DISCASE CONDITION ON THE HIGHEST AND THE WAS ANTONON.
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While et work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (Count	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While et work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (County) (State) 20f. (City or town) (County)	15 That mans our	YES NO X
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While et work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (County) (State) 20f. (City or town) (County)	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While et work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (County) (State) 20f. (City or town) (County)	CAUSE OF DEATH.	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from: Natural passes, Accident, Suicide, Homicide, Undetermined manner ACTUAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinion death resulted from: Natural passes, Accident, Suicide, Homicide, Undetermined manner ACTUAL	Hour e.m. While Not While facto	ry street, office bldg., etc.)
death resulted from: Natural passes A. Accident, Suicide, Homicide, Undetermined manner ACTUAL		
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county) 236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Company ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	21. I certify that I took charge of the remains described above, he	Id an Autopsy [], Inspection [], Inquiry [], and In my opinion
ACTUAL SIGNATURE EXAMINER'S HEO, C. PAHLESON M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 23. DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY	death resulted from: Natural pages , Accident , Sui	icide 🔲, Homicide 🔲, Undètermined manner 🔲
SIGNATURE EXAMINER'S NAME (Type) ACC. PATER SOP, M. D. ASSISIANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Company ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY REMOVAL (Specify) 6-8-67 ADDRESS DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (State) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR' 25b. REGISTRAR'S SIGNATURE		M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
REMOVAL (Specify) 6-8-67 Arbutus Mem. Park Baltu Medistrar 25b. REGISTBAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTBAR'S SIGNATURE	I NAME (Type) TIJEO, C. TATTERSOP, N	
24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE 111 9. 1007 Clarks Under		OR CREMATORY 23d LOCATION (City, town or county) (State)
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Burgal 6-8-61 Hibutus 11	em. Park Balto, Md
Martin & Durth Litt. 1201 LAUCENS St. DATE JUN 8. 1837 Pulled	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Morton & Dyett Fitt. 1701 LAURENS	S. DATE JUN 8. 1987 PLLENCE JUN 8.

4 - 3 Deute Coronary Orchusus Dispose Exectinum obesity There Challenger THEOR C. PAHERSON, M. P. ser a Course of the total

		- 1	MAKTLAN	כ עו	OF HEALIF	1				
ISION	OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remains papers. Pages range shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician.

0	7	8	4	1	
-	_	_	_	_	=

CERTIFICATE OF DEATH

07823

0.041	0.000					
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY					
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore 21212					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) St. Joseph's Hospital	d. STREET ADDRESS 1124 Ramblewood Road e is residence on a farm? yes \(\sum no \)					
3. NAME OF First Middle OF	ETTEE 4. DATE Month Doy Year OF DEATH June 29, 19 67					
	8. DATE OF BIRTH July 18, 1900. 9. AGE (In yeors least birthday) Months Doys Hours Mi					
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NOTE TO SUBJECT OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY USA					
13. FATHER'S NAME Eugene Mettee	14. MOTHER'S MAIDEN NAME Agatha Wiessner					
40 t 1 lot 1 d	informant s. Mabel L. Mettee (Same)					
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 19. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	T Dissesse Interval Between ONSET AND DEATH					
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)	V					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO					
GR CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 1B.)					
	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)					
21. I certify that (I) (this haspital) attended the deceased from sow the deceased give on some 2 1962, and that	It death occurred at 0334 M, fram causes and on the date stated about					
220. SIGNATURE M. Junivernam M.						
122c. PHYSTIAN'S NAME (Type) Loy M. Zimmerman M.	22d. ADDRESS 3 202 Harfrol Rl					
230. BURIAL CREMATION, PSB. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify) 7/3/67. Meadowridge Me	em. Cemetery Elkridge, Md.					
24. FUNERAL DIRECTOR LeonardJ, Ruck, Inc. Balto. Md. 21214	250. REC'D BY REGISTRAR 1967 REGISTRAP'S SIGNATURE PLAGE					

VR A15 (4) 25M 1/67

St. desemble Meruitel

.O. MITTHE

and the language

herviel

13 the arrest to the

Han hower and dear

. 12. 45, 490

beattered

sements attend

modition Lavinger

the attention of the attention

majeria, ne militariaren all'informa-

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07842		CERTIFICAT	E OF DEATH		07824		
	1. PLACE OF DEATH o. COUNTY Baltimo	re	MARYLAND	o. STATE	Where deceased lived, if institu b. COU vland	tion: Residence befare odmission) NTY		
	b. CITY OR TOWN (If outside corp write RURAL and give nearest RUTAL BALTIMO	orote limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	timore 2123			
0	d. NAME OF HOSPITAL OR INSTITUTE OF LUTE CAMPFIEL	100 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d. STREET ADDRESS	ckering Dr.	e. IS RESIDENCE ON A FARM? YES NO N		
	3. NAME OF DECEASED (Type or print)	First Cora	Middle May	Lost Miller	4. DATE Man	Day Year 22 19 67		
	S. SEX 6. COLOR O	RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.		
	Female Whit		DIVORCED IND OF BUSINESS OR	8/4/81	85 yrs.	12. CITIZEN OF WHAT		
	10a. USUAL OCCUPATION (Give kind af during mast af working life, even if ret Supervisor	red) Car	or Business ok Houstry Indy Store	Baltimor	e, Md.	COUNTRY?		
erge.	13. FATHER'S NAME			14. MOTHER'S MAIDEN				
	John T. Rolli 15. WAS DECEASED EVER IN U.S. ARME		SOCIAL SECURITY NO. 17.	Mary K.	Krebs	race		
	(Yes, na, or unknawn) (If yes give wo	r or dates af service)	14-14-5863-A		uer 6811 Cam			
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	D BY: ATE CAUSE (o) DUE TO (b) DUE TO (c)	Central Va.	clerotis	Her & De	onset and death 3 days.		
2	PART II. OTHER SIGNIFICANT CO	g	TO DEATH BUT NOT RELATED TO	arterior	Schronis	19. WAS AUTOPSY PERFORMED? YES NO		
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IN (IF EITHER, NOTIFY MEDICAL EXAMOLOGY CAUSE OF INJURY Month, Description of the contribution of the contributi	EATH	ESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Part II of Item 18.)			
	20c. TIME OF INJURY Month, E Hour a.m. p.m.	20c. TIME OF INJURY Month, Day, Year Haur a.m. D.m. 19 20d. INJURY OCCURRED While at work a						
	21. I certify that (I) saw the deceased al		ided the deceased fram_ 19 & , and th	at death accurred a	1966, to fune 2 14,15, M fram couses	and an the date stated abave.		
	220. SIGNATURE	L. Phan	hers !	A.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATESIGNED 67		
1	22c. PHYSICIAN'S NAME (Type) ENT	L. Chai	nbers-	22d. ADDRESS &	fiberty Ats 1	Butto - Huf !		
^	REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or T			
)	Burial 6	5-26-1967	Baltimore Na			Md.		
4	Passal I	1000000	14/1/ BO2	2011	ON 2 6 1967	Judge Judge		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then place remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after depths.

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

MARK TO BEAUTIBLE

State of the state

				period for
			· Ethic ext	
				and planting for
25 25		a processor		
		- 24	- mark Vinner	
				The second second second
	THE PERSON NAMED IN COLUMN	-	Taranta Maria	
		* =		
			a tolk famous and the	
			Transport of the Control of the	Risk and Electrician facilities
		Water For Bullion		
the later of the				
4				

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07843 PLACE OF DEATH CERTIFICATE OF DEATH furreral and 2 death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY hours after BALTIMOR MARYLAND YLAND Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ATONSVILLE CATONSVILLE = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers d. STREET ADDRESS within 72 S. MORER e remove carbon prime event, within within 3. NAME DE First DATE Middle Last Month DECEASED OF DEATH (Type or print) DOLOR MILLER NE 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | 1-1906 WHIT WIDOWED W DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY sician lease rease 11. BIRTHPLACE (County & State, or foreign country) ed by the attending physic-transit permit. Then pleas, cremation, or removal, an HOUSE

13. FATHER'S NAME BALTIMORE MOTHE AGNES HOSPITAL certificate 14. MOTHER'S MAIDEN NAME DWAR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITYNO. INFORMANT 17. (Yes, no, or unkown) ((If yes give war or dates of service) ANNE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the burial-transit or to burial, cremit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the has be as the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health detached for use te Dept. of Health 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) be de State factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While retained by p.m. at work at work DIRECTOR: A age 3 should lied with the S 21. I certify that (I) (this hospital) attended the deceased from 19.60, to. saw the deceased alive on and that death occurred at i.e.A. M. from the causes and on the date stated above. 22a. STGNATURE page ATTENDING PHYS. MED. STAFF DIRECTOR FUNERAL PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p BURIAL, CREMATION 236. DATE THEREOF 1 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 2 REMOVAL (Specify) FUNERAL DIRECTOR BALTIMO REC'D BY REGISTRAR | 25b. ADDRESS 25a.

GE A. FARLEY

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

FREDERICK DATE

REGISTRAR'S SIGNATURE

(State)

BALTIMORE

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

2

2

e. IS RESIDENCE

Year

1967

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO D

(State)

YES

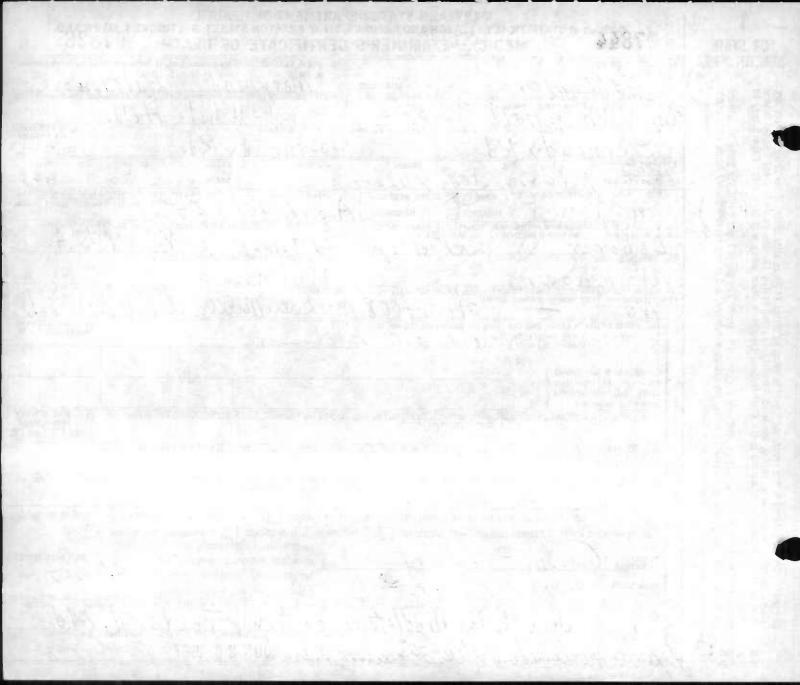
DATE SIGNED

(County)

ON A FARM?

NO F

S. S. Marinette and the second of the second The Court of the C



FOR STATE HEALTH DEPT.

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health prior to buriol, cremotion, or removal, and in any event within 72 hours after dear

This certificate should be executed within 24 hours ofter death. If

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, $^{\prime}$ c the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office olong with form PM

TO DEPUTY MEDICAL EXAMINER:

VR A15ME (5) 6M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07845	MEDICAL EXAMINER'S	CERTIFICATE O	F DEATH	7827
1	. PLACE OF DEATH			here deceosed lived, if institution: R	esidence before admission)
	a COUNTY Baltimore	MARYLAND	o. STATE	b. COUNTY	Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16		side corporate limits, write RURAL ar	
	Baldwith (Rutal)	Life	Baldwin, M	Id.	03.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
3	St. Joseph's Hosp	ital	Ansari Dr	ive Baldwin P.	O. YES NO
3	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
1	(Type or print) Geo	rge H.	Miller	DEATH 6	8 1967
1 3		. MARRIED NEVER MARRIED	B. DATE OF BIRTH	1	INDER 1 YEAR IF UNDER 24 HRS.
-	Mare Milite	WIDOWED DIVORCED	9-2-1903		NO. CITIZEN OF WILLET
	Do. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	Farmer	Own farm		Co. Maryland	U.S.A.
	I3. FATHER'S NAME	M537	14. MOTHER'S MAIDEN N		1
	Henry J.		INFORMANT	Mary Laudenk	
	 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of se 	onviro)			21013
-	No	212-38-1133 M	rs enry J.	Miller Ansari Dr	rive Baldwin
	18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY:	10-14-01.10	2/2	11-1	ONSET AND DEATH
	IMMEDIATE CAUSE (o)		- The day	1 Jacks	a glady
1	Canditions, if any, which gave)	41	of Lot	+ In	5 They
	rise to immediate cause (a),			1 semin	5100
	stating the underlying cause	Conpull	red Cel	leusel 100	- 10114s
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELATED TO	THE HERMINAL DISEASE CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
2	Finely	red Lett	Tem		PERFORMED? YES NO Z
200	2Do. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJUST OF CUBRED.			/
, Lu	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	+ ellas	Hon	IN OWN St	02012
183	2Dc. TIME OF INJURY Month, Day, Yeor		CE OF INJURY (Hame, farm		(County) (State)
3	196 196	While Not While of fact	tary, street, office bldg., etc.)	Boldwin	Marybod.
	21. I certify that T taok charge	of the remains described above, he	eld on Autopsy	Inspection inquiry	ond in my opinion
	death resulted frame Natural		1 ,	Undetermined monne	Frank .
	101. 11		CHIEF MEDICAL	EXAMINER	
	ACTUAL SIGNATURE	Thomask	M.D. ASSISTANT MEDI	CAL EXAMINER	22. DATE SIGNED
1	EYAMINED'S	OLDONINETT W.D.	DEPUTY MEDICA		6/8/19
X	NAME (Type) CHARLES F.			city, town, or county)	10/6/
1	230. BURIAL, CREMATION, 23b. DATE THERE REMOVAL (Specify)			23d. LOCATION (City or Town)	(County) (State)
-	Burial 6-19-19 24. FUNERAL DIRECTOR	67 St. John's	Luth. Cemete	ery Sweet Air BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE
	0 , 4	2	96	- AC.	les Judge
10	Lassah Journesal	Home 2401 Bolace &	MIMP MAD	1 9 1967	Co Jan

CANNA (MACA)

Sh. domest make a superior of the superior of

And the bester of acceptable to a supplement the first of the supplement of the supp

States of vertex

Middle 100 and a leasure water of the first th

A CAME TO THE PARTY OF THE PART

the description of little his was now him

FILE OF THE CONTRACTORS STATES IN VERY

the state of the state of the state of the state of The second of th

The state of the s

THE STREET ME STEEL DO

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

178

078	846		CERTIFI	CATE	OF DEATH			343		
o. COUNTY	altimore		MARYL	LAND	2. USUAL RESIDENCE (o. STATE Mar	Where deceased yland	lived, if institut b. COU		ce befare odr ltimore	
write RURAL o	(If autside carparate limi and give nearest tawn) TC	wson	c. LENGTH OF STAY IN Month	V 1b	c. CITY OR TOWN (If a	utside carparate keysvi		RAL and give	e nearest taw	
d. NAME OF HOSP	PITAL OR INSTITUTION (If n	ot in hospital, 1	give street address)		d. STREET ADDRESS Ashland Ro	ad (250)			RESIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)		irst RION	Middle A		Last MILLER	4. DATE OF DEATH	June		1967	Year 19
s. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH		AGE (In years Last birthday) yrs.	Months Months		NDER 24 HR Urs Min
00. USUAL OCCUPATION of working most of working Security	ON (Give kind of work done ng life, even if retired) Guard		IND OF BUSINESS OR NDUSTRY Guard		11. BIRTHPLACE (County		gn country) yland	12. CI1 CO	TIZEN OF WHA	S.A.
13. FATHER'S NAME Charles	Miller				14. MOTHER'S MAIDEN	_{NAME} rah			44	
1S. WAS DECEASED E (Yes, no, ar unknawn Yes	VER IN U.S. ARMED FORCES? (If yes give wor ar dates W. W. Tw	af service)	SOCIAL SECURITY NO. 2-14-1498		NFORMANT ly Miller,	Same	Addr as # 2	ess		
stoting the und	ote cause (o),	(b) E TO	TO DEATH DIT MOT DELA	STED TO 1	FUE TEDMINAL DISEASE CO	INDITION CIVEN	IN DADT 1/a)		I 19 WAS	YZQOTIIA
CATION					(Enter nature of injury in				YES _	AUTOPSY ORMED? NO
OR CONTRIBUTION (IF EITHER, NOTIL	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)				,					
₩ Hour	p.m. / 19	While at war	rk 🔲 at wark 🔲	fact	CE OF INJURY (Home, fari ary, street, affice bldg., etc	.)	(City ar town)		unty)	(State)
saw the	tify that (I) (this ha deceased glive on		ided the deceased 1	from ind that	t death accurred at	19 <u>67</u> , ta. 1 <u>3:50p</u> M,		and an tl		I) (we) I ated abo
22a. SIGNATUR	pul	ece	1080	J.M		MED. DIRECTOR	STAFF PHYS.		-9-67	
22c. PHYSICIAN NAME (Typ	pe) Eamo M. G		M.D.		22d. ADDRESS 7620 You				Md. 2	
23o. BURIAL, CREMA REMOVAL (Spec Burial	June 1	3,1967		1emor	rial Garden	s Bel	ATION (City or To Air, Ma	rylan		(Stote)
24. FUNERAL DIRECT	TOR -Brooks Tows	son, 10	50 York Roawson, Mary	ad land	21204 DATE	BY REGISTRA	^R 1967 ^{25b.} R	EGISTRAR'S S	IGNATURE LA	·

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages and ashauld be filed with the State Dept. of Health priar to burial, crematian, or remayah and in any event, within 72 haurs after deal Page 4 may be retained by the haspital ar attending physician.

PRODUCT THE PROPERTY OF THE PR 0.23T gn to what a plant of the state
Alected and an emission of the state of the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07847

CERTIFICATE OF DEATH

07829

	0003					0.0.0				
1.	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT					
	O. COUNTY	BALTIMORE	MARYLAND	MAR!		ANNE ARUNDEL				
	b. CITY OR TOWN (I	f outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corporote limits, write RURA	L ond give nearest town)				
	FORT HOW	(give nearest tawn)	90 DAYS	ARNOLD		122				
		AL OR INSTITUTION (If not in hospito		d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
	VETERANS	ADMINISTRATION :	HOSPITAL	RFD 3, BOX	K 13	YES NO 🔀				
3.	NAME OF DECEASED	First	Middle	Lost	4. DATE Month	Doy Year				
	(Type or print)	MALLIIW		MILLER	DEATH JUNE					
S.	SEX MALE	6. COLOR OR RACE 7. MARRIE NEGRO WIDOWE	32	8. DATE OF BIRTH APRIL 20, 19		Months Doys Hours Min.				
ID: du	o. USUAL OCCUPATION ring most of working LABORER	(Give kind of work done 10b. life, even if retired)	KIND OF BUSINESS OR INDUSTRY	ARNOLD, MA	ANLAND	12. CITIZEN OF WHAT COUNTRY?				
	. FATHER'S NAME			14. MOTHER'S MAIDEN						
	WESLEY E.	MILLER		MARY E. W	OODWARD					
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	Address					
1	ES UNKNOWN)	(If yes give wor or dotes of service)	20 05 0338	LIN. REC., Y	VAH, FT. HOWARD	, MD.				
		ATH (Enter only one couse per line	for (o), (b), ond (c).)			INTERVAL BETWEEN				
	IMMEDIATE CAUSE (0)									
	15/X	G CER LINE								
	Conditions, if ony, which gove (b) WITH SOLTTARY LIVER METASTASIS AND BILIARY OBSTRUCTION									
	stoting the under									
	last.) (c)				19. WAS AUTOPSY				
S										
SATI		BILIARY CIRRHOSIS AND BRONCHOPNEUMONIA PERFORMED? YES NO								
MEDICAL CERTIFICATION		5 UNDERLYING ☐ 20b. ☐ CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in	Port I or Port II of item 18.)					
MEDICAL	2Dc. TIME OF INJU Hour o.n	n. Wh		ACE OF INJURY (Home, forn ctory, street, office bldg., etc.		(County) (State)				
	21. I certif	fy that \$1) (this haspital) after	ended the deceased fram_	3/8/67	19, ta 6/6/67	, 19, that 🙌 (we) la:				
		eceased alive an 6/6/6	19, and the	at death accurred at	3:25AM, fram causes ar	nd an the date stated abave				
	220. SIGNATURE	John D. Ja	elvest "	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6/6/67				
	22c. PHYSICIAM'S NAME (Type)	JOHN D. TALE	BERT, M. D.	vah for	T HOWARD, MARYI	AND				
23	o. BURIAL, CREMATIC		23c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)				
	REMOVAL (Specify	6/10/1967	MT. CALVERY	CEMETERY	ARNOLD, MAR	RYLAND				
2	4. FUNERAL DIRECTO		ADDRESS	2So. REC'I	D BY REGISTRAR 2Sb. REGI	STRAR'S SIGNATURE				
	A E H	icks.lll	HICKS FUNERAL	DAMELIA	1 2 1967 gch	meles Judge				
	UAE A	TORBALLL	A BIRTA DOT TO BEAT		1 2 1001					

ANNAPOLIS, MARYLANI

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

2734. CONTRACT AS SALES SCHELLER OF THE MANAGEMENT OF THE SECOND SEC Calling and a second of the contract of the co TIL AND ELLER OF THE RESIDENCE OF THE AND ADDRESS OF THE ADDR

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07848	CERTIFICATE	OF DEATH		111831)
1. PLACE OF DEATH a. COUNTY BALTO	MARYLAND	a. STATE ML	ere deceased lived, if institution b. COUN	"BALT	0,
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	- A-1-10	excorporate limits, write RUR	AL and give nearest $2/22$	IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, in the second se	7	907 RE	GINA L	DR. Y	ON A FARM?
3. NAME OF DECEASED (Type or print) HARRY FR	ANCIS MC	DURE	OF DEATH 6/2	1/67	Year 19
S. SEX 6. COLOR OR RACE / 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In yeors Jost birthday) yrs.	Months Days	Haurs Min.
during most of working life, even if retired) IN ATER PREGETING	IND OF BUSINESS OR NDUSTRY OWNER	11. BIRTHPLACE (County & St		12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	ORE	14. MOTHER'S MAIDEN NAM	TE TARR		
as a large to the state of the	SOCIAL SECURITY NO. 17. 150 99532 N	INFORMANT INRTLE	E. MOOK		
IB. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Out TO Canditions, if any, which gove nise ta immediate cause (a), stoting the underlying cause last. (c)	(o), (b), and (c).) enerally ed	Careinon - 1 star	mach ,	nen ons	AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING 20b. DE OR CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. YE	WAS AUTOPSY PERFORMED? S NO
THE CHIECK, NOTIFE MEDICAL EXAMENCE	ESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Par	t I ar Part II of item 1B.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. II While at war.	Not While G	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that (I) (this hospital) attentions as the deceased alive an 220. SIGNATURE		y death occurred at [1]	ta June 1	and an the date	
220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	M.	D. PHYS. ME DIF	D. STAFF RECTOR PHYS.	22b. DATE SIGNED	67
230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 6/24/67	23c. NAME OF CEMETERY OR MEANOW!	CREMATORY PIDGE	23d. LOCATION (City or Tov	vn) (County)	(State)
24. FUNERAL DIRECTOR 36	PADDRESSDER	ICK RE 25a. REC'D B		GISTRAR'S SIGNATURE	

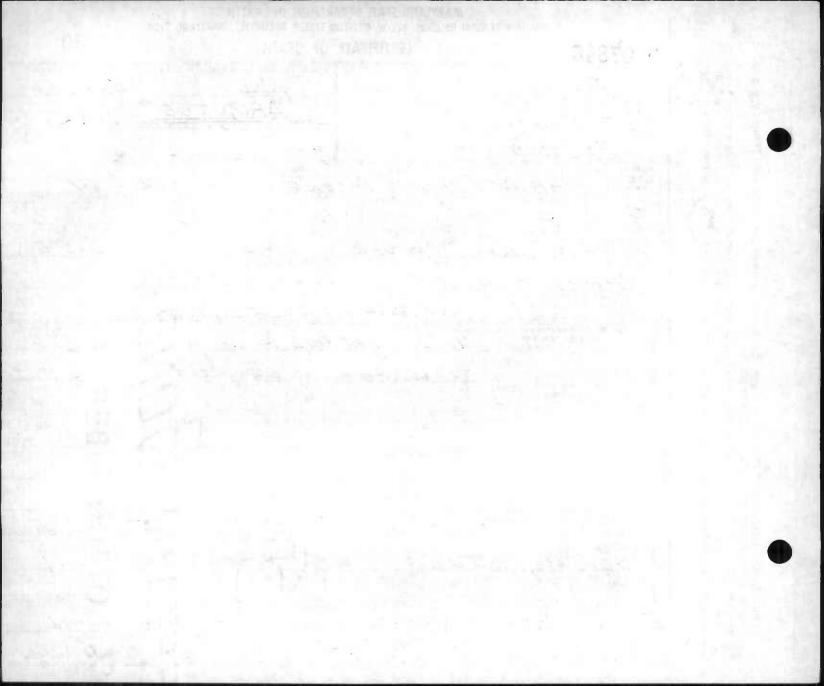
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician director, page 3 shauld be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and

Page 4 may be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

and completely filled in by the fameral remove torbon popers. Pages 1 and in ony event, within 72 hours after the pine on the complete of the



TO HOSPITAL RATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 39 be retained by the hospital or attending physician.

TO FUNER, IRECTOR: After this certificate has been signed by the attending physician and completed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07843

CERTIFICATE OF DEATH

07831

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)
	Baltimore MARYLAND	o. STATE b. COUNTY BALFO
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
1	Catonsville	Baltimore
ď	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
1	Forest Haven Nursing Home	7540 Berkshire Rd. 24 YES NO N
	NAME OF First Middle	Last 4. DATE Month Day Yeer OF
4	(Type or print) Nellie Virginia	Moore DEATH June 24, 1967
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	Female White widowed Divorced	May 16, 1884 83 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife	Maryland
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Harris	Pierce
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hypergive were or detected) 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
1		rs. Margaret Barborka same address
1	18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) PIES L W. G NV PRAF	SAFMA- PICEUMONITIS
	DUE TO	
	Conditions, if eny, which geve rise to immediate cause	ou emant unreven
	(e), steting the underlying DUE TO	
		I consummy Employ semm
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO R
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Pert II of item 18.)
- 1		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
		196%, to 6,125 , 1967, that (I) (we) last
1	22e. SIGNATURE	death occured at 1,470, from the causes and on the date stated above.
	I de the limit	ATTENDING MED. STAFF
	22c. PHYSICIAN'S WINDS	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
,	NAME (Type) I of Lab (If Stages	months of the second of the se
4	23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify) Burial June 30, 1967 Baltimore Ce	
	24 FUNERAL DIRECTOR'S SIGNATURE BADDRESS, and	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	salley to	aves 7 DATE JUN 30 1967 Achianles Judge
V	Unit, Icum wishs nout I fee.	The love the state of the state

The Little of the THE LAND VERNEY TO SELECT THE PARTY OF THE P AND RESIDENCE TO A PROPERTY OF THE PROPERTY OF Were I will support the said with the first the said the

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07850	CE	RTIFICATE	OF DEATH		07832	
	PLACE OF DEATH			2. USUAL RESIDENCE (W	Where deceosed lived, if institu	INTV	
	Baltimore		MARYLAND	Mary	land	Balt	timore
t	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OI	F STAY IN 1b		tside corporote limits, write R	JRAL ond give ned	orest town)
	Catonsville	2yr7mt	ths	Baltimo	re 21228 -Ca	tonsvill	le 3000
d	d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street oddr	ess)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
SP	RING GROVE STATE H	OSPITAL		1101 Wedge	wood Road		YES NO
	NAME OF First DECEASED T	Mid	ldle	Lost	4. DATE Mo	nth 1	Doy Year
((Type or print) Leon	ard		Moxley	DEATH Ju		19 67
5. 5	SEX 6. COLOR OR RACE 7.	MARRIED NEVER	MARRIED X	B. DATE OF BIRTH	9. AGE (In years less chirthdoy)	Months Do	
1	male white W	IDOWED D	IVORCED	July 16, 19	yrs.		
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINES		11. BIRTHPLACE (County &	& Stote, or foreign country)	12. CITIZEN COUNTE	V OF WHAT
UUTE	ing most of working life, even it retired none Truck driver	Store deli	very	Maryla	and	U. S	5.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	William Moxley			Johanna S	Scannell		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURIT		INFORMANT	Add	ress	
(16:	is, no, or unknown) (If yes give wor or dotes of sen	212-10-1	1082 Re	cords: SPRIN	G GROVE ST	ATE HOS	SPITAL
	18. CAUSE OF DEATH (Enter only one couse pe						INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _	Arteriosc	le rosis,	cerebral a	nd generalize	id	UNSET AND DEATH
	334X DUE TO						
	Conditions, if ony, which gove rise to immediate couse (a),			*			
	stoting the underlying couse DUE TO						
	lost. (c)_						
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(o)		PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in I	Port I or Port II of item 1B.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour 'o.m. 19	20d. INJURY OCCURRI While Not While of work of work	le 🔲 foc	CE OF INJURY (Home, form tory, street, office bldg., etc.)		(County)	
	21. I certify that¾) (this haspita saw the deceased alive anJ	l) ottended the dec	eased from_	Nov. 3 , 1	9-64 to June	3_, 19_67	that (tt) (we) la
	saw the deceased alive an	une 319_	67, and tha	t death occurred at	M, from cause:	and an the	date stated abov
	220. SIGNATURE Stella 1	rachele	M.			22b. DATES	67
	22c. PHYSICIAN'S NAME (Type) Stella Wa	chsler, M.	D.	2201 112011200	PRING GROVE		HOSPITAL 228
230	b. Burial (REMATION, REMOVAL (Specify) 6/8/1967	New C		Cemeterv	23d. LOCATION (City or Baltimore	Marvlai	unty) (Stote)
24	A. FUNERAL DIRECTOR	ADDR	ESS	000 See 250. SEST	BY REGISTRAR 25b.	REGISTRAR'S SIGNA	ATURE Cudas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican, and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then place, remaye carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and any event, within 72 haurs after death. VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.

mile contract the contract to METALOGIC SERVICE SERV burling on the Party of the Glass Print ineleting , want in a trapport of the last training of the state of th

Item 20a Film 389 6-20-6 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF, VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07851 FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. STATE b. COUNTY o. COUNTY ond 3 to M3. Poge Baltimore Maryland MARYLAND deloy b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) 2, ond P.M3. write RURAL and give negrest town) Baltimore 21213 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE form ON A FARM? St. Joseph's Hosp. 407 N. Castle St. Give Poges State YES NO ice olong with 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED Lillian I. Murphy June 11 67 (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 24 HRS 1 ond 2 with 7. MARRIED NEVER MARRIED last birthdoy) <u></u> Months Dovs Hours 72 hours ofter deoth. White Female WIDOWED X DIVORCED 9-19-96 70 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Own Home Baltimore, Md. Homemaker poges 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within he word "pending" in pending to the Chief Medical Exomite permit. File WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO INFORMAN] Address (Yes, na, ar unknown) (If yes give wor ar dotes of service) within INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Va certificate shauld the word DUE ony Canditians, if ony, which gove rise to immediate couse (o), ⊒. DUE TO stating the underlying cause 0 and be farwarded 00 last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DED NOT RELATED TO MAS AUTOPSY PERFORMED? removal, CERTIFICATION the certificate, NO 4 be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) should PRIMARY Or CONTRIBUTING 0 should MEDICAL EXAMINER: CAUSE OF DEATH. cremotion, MEDICAL 20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 3 foctory, street, affice bldg., etc.) Hour a.m. Poge Not While or your at wark please execute of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 7 Inquiry and in my opinion may be retained for FUNERAL DIRECTOR: deoth resulted fram: Natural couses 1. funeral director. --- Accident Undetermined manner Suicide / Homicide be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER Health CHARLES O'DONNELL, M.D. NAME (Type) Address (Street, city, town, or county) the 0 24. FUNERAL DIRECTORS VR ATSME (5 6M 1/67

	berry at				100171485	
				-374	Warring.	
*		**			4	
		31-94-15				
		sould be in				
						· .
			999		1333	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07852 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore deloy is and 3 to MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

ESSEX (21) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and PM3 Essex (21) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form hours 17 Ridgemoor Rd. 17 Ridgemoor Rd. YES NO X This certificate should be executed within 24 hours after death. 3. NAME OF First Middle 4. DATE Lost Month DECEASED the LILLE within GRACE MYERS June 16 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 83 yrs. Months Hours WIDOWED DIVORCED Feb. 11. 1884 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife ward "pending" in pencil in the Chief Medicol Examiner's pages Home USA Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File Harry Atticks IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service removal No Earl A. Myers, Sr. Same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) the ward cremotion, DUF TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse shauld be forwarded buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? Health or its designated agent, prior to pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) p PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20 PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRE (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection 1 Inquiry 🔼 and in my apinion the funeral director. Natural couses death resulted from: Accident [Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 6800 Mornington Rd add Dundalik www. Md coursel 222 NAME (Type) M. B. Davis. M.D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 REMOVAL (Specify) Bricker Funeral Home Oberlin. Pa. Funeral Home 1407 Eastern Ave. 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

.3/1 y also seed to the late which the set a soft without . Address. Silv Sept. Wall of Texas Sect of Mining to advances of the street of TENORS IN LINE AND THE PROPERTY SERVICES.

the second of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT.V PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ALTIMORE ARYLAND MARYLAND ecessary, the funeral Department after death. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b BALTIMORE ALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS EXAMINER: This certificate should be executed within 24 hours after death. If any dela secrificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to tould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State MARTIN hours KODMAN WAY KASTERN NAME OF First Middle Last DATE Month Se Z DECEASED 0F (Type or print) DEATH Theodore Nelson With 6. COLOR OR RACE DATE OF BIRTH 2 with 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthdey) Months | Days DIVORCED X WIDOWED 5event and 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) INDUSTRY NEST \rightarrow pages 1 in any HIRCRAF VIRGINIA ANITOR 13. FATHER'S NAME MOTHER'S MAIDEN NAME AMES NELS UNKNOWE and File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. INFORMANT Address Princeton permit. removal, TIR 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit 10 cute Coronary Occlusion cremation, DUE TO Conditions, If eny, which ACHI (b) geve rise to immediate DUE TO ceuse (e), stating 60 underlying cause lest. (c) used as to burial CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) he certificate, writing the should be forwarded to the 3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 2Dc. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, 20f. (Clty or town) factory, street, office bldg., etc.) Hour e.m. While Not While CTOR: Page designated at work et work p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry FUNERAL DIRECTOR: death resulted from: Suicide Undetermined manner cause Accident Homicide Page 4 CHIEF MEDICAL EXAMINER for your ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR 0 O DEPUTY ME DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** director. retained C. Patterson. Theodore M. D. NAME (Type) Address (Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 90 0 EMETERY LONDKE URIAL

ADDRESS

VR ALSME (5) 1/65

FUNERAL DIRECTOR

25b.

25a. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Year

19 6

Hours |

12. CITIZEN OF WHAT

. S. A

Ohi

19.

(County)

YES

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO

(State)

PERFORMED?

and in my opinion

DATE SIGNED

(State)

COUNTRY?

NO X

in the want to the Supering the set of the state of the s 45 FILL 58-YLX STONE BURNESS AT ALE DE LE MINISTER L'ESTATE L'ANGEL L'ANGELLE THE THE PARTY OF T Ex as made of the water of and the control of th The second of th IN THE COURSE OF THE PARTY OF T EXPLOY HOWEVER CEMPTERS FRANCE PARKETS The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07251

0100	73		CERTIF	ICAIL	OF DEATH				1830
PLACE OF DEAT a. COUNTY		imore	MAR	YLAND	2. USUAL RESIDENCE (a. STATE Maryland		b. cot	itian: Residence JNTY	befare admission)
b. CITY OR TOW	N (If autside cornorate limi		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	utside carpara	te limits, write RL	JRAL and give i	nearest tawn)
Write KUKAL	and give nearest tawn)	Towson	xixfa	-	Baltimor	e 212	213		30.4
d. NAME OF HOS	PITAL OR INSTITUTION (If I		e street address)		d. STREET ADDRESS				e. IS RESIDEN
St.	Joseph Hosp	ital			2857 May	field	Ave.		ON A FARM
. NAME OF		First	Middle		Last	4. DATE	Mar	nth	Day Year
(Type or print)	E	ugene	P.		O'Connor	OF DEATH	June 1	6.	19 6
. SEX	6. COLOR OR RACE	7. MARRIED		D 8.	DATE OF 8IRTH		AGE (In years	IF UNDER 1	YEAR IF UNDER 24
Male	White	WIDOWED	DIVORCE		1-1-1900		last birthday)	Manths	Days Hours A
a. USUAL OCCUPAT	TION (Give kind of work dan	e 10b. KIND	OF BUSINESS OR		11. BIRTHPLACE (County	& State, or for	eign country)	12. CITIZ	ZEN OF WHAT
ring most of work	ing life, even if retired) 1 - B&O R.R.	(Statis	tician)		Maryland			COU	NTRY PUSA
3. FATHER'S NAMI	E				14. MOTHER'S MAIDEN	NAME		27	
	Hugh O'C	onnor				Ca	therine	Noon	
IS. WAS DECEASED	EVER IN U.S. ARMED FORCES		CIAL SECURITY NO.		FORMANT		Addi		
(Yes, na, Yunknaw	n) (If yes give war acdates	705	-07-9312	Mrs	. Helen J.	O'Cor	ner	(Sa	ame)
I 18. CAUSE OF	DEATH (Enter anly one co	use per line for (c), (b), and (c),)						INTERVAL BETWEE
	DEATH WAS CAUSED BY:	M-+-		rcino	ma (carcin	omatos	is)	TO LOS	ONSET AND DEAT
16	IMMEDIATE CAUS	F TO			100000000000000000000000000000000000000	01110100			
	any, which gave							1	
	linte couse (n)		chogenic	carci	noma.				
	nderlying cause DU	ЕТО							
lost.		(c)							
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RE	LATED TO TH	IE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)		19. WAS AUTOPS' PERFORMED?
20a. ACCIDENT									YES X NO
20a. ACCIDENT	WAS UNDERLYING	20b. DESC	RISE HOW INJURY O	CCURRED. (E	nter nature of injury in	Part I ar Part	II af item 18.)		
OR CONTRIBUTI	ING CAUSE OF DEATH IFY MEDICAL EXAMINER)								
S 20¢ TIME OF	INJURY Manth, Day, Year	20d INII	JRY OCCURRED	200 PLACE	OF INJURY (Hame, far	n. 20f.	(City or town)	(Caun	ity) (Stat
20c. TIME OF Hour	a.m.	While	Nat While		y, street, affice bldg., etc		(ca) a rawn)	leadin	(3)
	p.m. 19	I di wdik e				(5"	-	,	
21. I ce	rtify that (+) (this ha	spital) attende	d the deceased	fram	5-23	19 <u>67</u> , to	June 1	6, 1967	Z, that (4) (we
saw the					dogth accurred at				date stated a
	deceased alive an_	June 16,	19.67,	ana mar	dealli accorred a	7:45 M	, tram causes		
22a. SIGNATU		_				a.	m.	22b. DAT	E SIGNED
22a. SIGNATU		_	19.67,		ATTENDING PHYS.	MED. DIRECTOR	m.	22b. DAT	
22c. PHYSICIA	RE Sem		Miss	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	June	16, 1967
	RE Ser		Miss	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	June	16, 1967
22c. PHYSICIA NAME (Ty	RE Sun's Lawrence ATION, 23b, DAIE J	F. Misa	nik, M.D.	M.D.	ATTENDING PHYS. 22d. ADDRESS 7620 York	MED. DIRECTOR Road	Towson	June Amery June Mary June	E SIGNED 16, 1967 Land 2120 County) (State
22c. PHYSICIA NAME (Ty	RE Sun's Lawrence ATION, 23b, DAIE J	F. Misa	nik, M.D.	M.D.	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR Road	Towson	June Amery June Mary June	E SIGNED 16, 1967 Land 2120 County) (State
22c. PHYSICIA NAME (Ty 23o. BURIAL, CREM. REMOVAL (SPORTS)	N'S Lawrence ATION, 23b 0/20	F. Misau	nik, M.D. 23c NAME OF CEM Baltimor	M.D. METERY OR CO	ATTENDING PHYS. 22d. ADDRESS 7620 York	MED. DIRECTOR Road	Towson CATION (City or T. Baltime	June Amery June Mary June	E SIGNED 16, 1967 Land 2120 County) (State
22c. PHYSICIA NAME (Ty 23a. BURIAL, CREM. REMOVAL (SPA BURIAL)	RE Sun's Lawrence ATION, 23b, DAIE J	F. Misau	nik, M.D. 23c NAME OF CEM Baltimor	M.D. METERY OR CO	ATTENDING PHYS. 22d. ADDRESS 7620 York	MED. DIRECTOR Road. 23d. LO D BY REGISTR	Towson CATION (City or T. Baltime AR 25b. R	June June , Mary ore, Mo	E SIGNED 16, 1967 Land 2120 County) (State SMATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely-filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

Section of the second (orioidalines) A - wal-r HEN AN POR THE Tracking 1.0 street Yes I heard the many second and the second and otherwise outside to the The Court of Court of the Court - almika. Inditioned this wall bee. | without, Wd. Lancard C. Took, Jan. Jak. 8. 2721

TO DEPUTY
Scerificale, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fidirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 wigh the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, EVAMINED'S CEDTIENCATE OF DEATH

MEDICAL

	0 (833) Irtems # 105 & 5 Film #1380	6/19/5/7 DC	DEATH	0.00.
1. PLAC	CE OF DEATH	2. USUAL RESIDENCE (Where de		endance before addission
	MARYLAND	o. STATE	b. COUNTY	secon
b. CIT	TY OR TOWN (Il bulside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If butside con	orald limits, write RURAL and	give neerast town)
"	Sala 34	Ball	10 34	021
d. NA	AME OF HOSPITAT OR INSTITUTION (if not in pospital, give street address)	d. STREET ADDRESS	1	. IS RESIDENCE
1/60	00 xucresi -	1100 Jul	exert "	YES NO NO
3. NAM	ME OF First Middle Middle	Last 4. DATE	Month	Day Yaar
	or print) pour journal of	reary DEATH	0	1967
75. SEX	6 COLOR OR RACE 7 MARRIED NEVER MARRIED	. /	last birthdey) Months C	YEAR IF UNDER 24 H95.
10 115		May 30, 1898.	yrs.	0 1
done dur	AN OCCUPATION (Give kind of work most of working liter even it ratired)	RY 11. BIRTHPLAGE (State or lordign con	inter) 12. CITI	TEN OF WHAT COUNTRY?
12 545	HER'S NAME	au roce	0: 10	a cox
13. 17	Description of Lagar	14. MOTHER'S MAIDEN NAME	Mukk	
15. WAS	S DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	O- Address O	11
(Yes, no,	or unkown) (Ilyas give war or datas olservica) 214-01/-7755	Chas (B)	lean 1	to)
Contract of the last	CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]	1 2	12 1	I IMTERVAL BETWEEN
110	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	levalie Car	do Jascu	NSET AND DEATH
4	DUE TO DISLASE			
Cond	ditions, it any, which (b)			
	a rise to immadiate ceuse			
	stating the underlying (c)			
NO P	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
EAS .	Emphysen	NG-		YES NO
	EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW MINERY OCCURED,	Enter neture of Injury In Pert I or Part II of	item 18.)	
	JSE OF DEATH.			
20c.		CE OF INJURY (Homa, larm, 201. (City tory, street, office bldg, etc.)	or town) (Coun	(6leta)
MEE	p.m. 19 et work at work			
21.	I certify that I took charge of the remains pescribed above, h	eld an Autopsy . Inspection	Inquiry .	and in my opinion
deat	th resulted from Netural causes . Acciden . Suit	ide . Homicide . Un	determined manner	
	TX as is	CHIEF MEDICAL EXAMINER	34 . 1 34 40	1 1
	TUAL NATURE	M.D. ASSISTANT MEDICAL EXAMIN		DATE SIGNED
	AMINER'S F.T. KASIK TR.	MAD Address (Street, city, town, or	- TOON HO	rfetal Rd.
22a. BURI.	IAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O		TION (City, town, or country)	(Stele)
-	oval (Specify) 6/14/67. Moreland Mem		timore, Md.	
-	IERAL DIRECTOR ADDRESS	24e. REC'D BY REGIST	RAR 24b. REGISTRAR'S SIG	
Leon	ard J. Ruck, Inc. Balto.Md. 21214	DATE UNIT 1 4	1967 RClisa	They were the

200 1804 1804 lurial 6/14/67. Loreland on Suctery Millmore, Md.

becomed J. Ruck, Inc. Balto. M. 21214

138 FT MILE

DIVISION OF VITAL DECORDS 201 W DESTON STREET PALTIMORE MARVIAND 21201

	VITAL RECORDS, SUT W. PRESTO		, MAKTLAND ZIZUI	
07856	CERTIFICATE	OF DEATH		07838
D. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest tawn) Output Description: Descripti	MARYLAND c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e carporote limits, write RUR	V
d. NAME OF HOSPITAL OR INSTITUTION (IF not in Screeter Balto, Med	haspital, give street address) lical Center	d. STREET ADDRESS	rkside I	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Clarence	Leroy P	Last SR. 4 P. Mer B. DATE OF BIRTH	DATE Month	
	VIDOWED DIVORCED DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY	6-18-98 11. BIRTHPLACE (County & St	last hirthday) Yrs.	Manths Days Haurs Min. 12. CITIZEN OF WHAT
Pipe Relived Fitt		BAITO. 14. MOTHER'S MAIDEN NAM CLARA	Md.	COUNTRY? U.S
15. WAS DECEASED EVER IN U.S. ARMED FOR CES? (Yes, no, or unknown) (If yes give war or dates of sen	212-01-6284 Ca	NFORMANT Arrie Marti	n Palmer,	
IB. CAUSE OF DEATH (Enter only one cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c)	Cardiones Ca Lu	p faile	٠	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTR 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	IBUTING TO DEATH BUT NOT RELATED TO 1 20b. DESCRIBE HOW INJURY OCCURRED.	Step St.		19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour 'a.m. p.m. 19		E OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City or tawn)	(Caunty) (State)
21. I certify that (1) (this haspital saw the deceased alive an		deoth occurred of 9	7 to June 2	that (I) (we) last
22c. PHYSICIAN'S NAME (Type) RAM K	- CHHILLAR	L col appress	ECTOR D STAFF PHYS.	MED CENTR
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR 25. DATE THEREOF	7 Loudon Par	k Cemetery	23d. LOCATION (City or Town Baltimor GGERARYSE 25b. REG	
Schimunek Funera 3331 Brei	al Home. Inc.	At 1 3	200	orle Chief

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

04820 LERAL PRANT - STANISHED Hall Commenter Same All Comments of the State of the Stat water Salto Mechan Course Hill Marchall Days the Character percy Talamer and Date FI 81-81-0 bly attent to the Hole Hole -durido - na-10 annieg teorio Make a low a letter certain plants of a large way and a second to - was the way of the way

BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

0785	7		CERTI	FICATE	OF DEATH			075	33		
PLACE OF DEATH a. COUNTY	Baltimore		MA	RYLAND	2. USUAL RESIDENCE (W o. STATE Mary		osed lived, if institut b. COUN	YTY		e odmissio	in)
Baltimor	(If outside corporate limit nd give nearest town) e County		c. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (If our Balt	imore		RAL ond giv	e neores	t town)	
	TAL OR INSTITUTION (If no Baltimore M				d. STREET ADDRESS 8208	Laur	el Drive			e. IS RESID ON A FA	ARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mont	th	Doy		
(Type or print) S. SEX Female	6. COLOR OR RACE Caucasion	HUDOWED	ALSTON NEVER MARR DIVORO	IED 8	PALMER DATE OF BIRTH Nov. 17, 19		9. AGE (In years lost birthdoy) 44 yrs.	IF UNDER Months	16 I YEAR Doys	19 (IF UNDER Hours	
10o. USUAL OCCUPATION during most of working Housewif 13. FATHER'S NAME	ON (Give kind of work done g life, even if retired) e	10b. KI	ND OF BUSINESS OR DUSTRY None		Ash Co., N.	& Stote, or fo orth NAME	oreign country)	12. CI	TIZEN OF JUNTRY? JSA	WHAT	
TO WAS DESTASED IN	Ernest Cox /ER IN U.S. ARMED FORCES? /(If yes give wor or dotes (unknown)	of service) 2.	social security no (unknown)	13 17. 1	XXXXXXX Gar NFORMANT Hospital		Addre ords	225			
Conditions, if on rise to immedia stoting the und	erlying couse DUE	(b) 10 (c)			ma of Appen					SET AND D	
20o. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH				HE TERMINAL DISEASE CON					WAS AUTO PERFORM ES K	NO [
20c. TIME OF IN	JURY Month, Doy, Yeor	20d. 1l While			CE OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(Co	enty)	((Stote)
	tify that (1) (this has deceased alive an	spital) attend	ded the decease /15 1967	, and that	death accurred at	8:15A	STAFF	and an t	67, the date of th	e stated	we) las Labave
22c. PHYSICIAN NAME (Typ 23o. BURIAL, CREMAT	John E.		M.D.	M.C	22d. ADDRESS Greater		imore Me	dical		ter	itote)
REMOVAL (Speci Burial 24. FUNERAL DIRECT	fy) 6/19/	67	More1a ADDRESS	ind Me	embrial 250. REC'D	Ba By REGIST	TRAR 25b. R	GISTRAR'S	IGNATUI	RE	1016)
C.F.EVA	NS & SON	8802 H	Harford	road	DATIUN	19	1967 /	liarl	SX.	udge	P.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the tages of director, page 3 shauld be detached for use as the burial-transit permit. Then place-remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, or removol, and in any event, within 72 haurs after death.

course			1.5.4
Helder was			samulation.
	Many in		20000
			feet gradient to the second
	The Thirty of the Park		Concretent
	THE PARTY OF THE P		A Decito
	al regen laide and		
		145-7-17	
Trasped De 1			
			t. 124 144
Maria La			El John El Volton de
The second secon			

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #4 Film #G389 6/19/67 07858 OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ESSEX ESSEX d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? CEDAR 406 CEDAR YES NO F 3. NAME OF 4. DATE Year Day DECEASED SALLIE (Type or print) DEATH 19 67 S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during mast of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMDREW 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service ATHRYN COPELAND 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN **QNSET AND DEATH** IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 2Do. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Manth, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) attended the deceased fram. , and that death accurred at 9 saw the deceased alive an M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. MAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) MEADOW RIPGE

2So, REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

The law requires that the deoth certificate be executed within 24 hours ofter death funer papers. Pages 1 hin 72 hours ofter .⊑ event, within 72 remove carbon completely in any e and physician a or remo permit. buriol, cremotion, signed by the buriol-transit p **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retoined by the hospitol or attending physicion. be detached for use os the Stote Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should should be filed with the

VR A15 (4) 20 M 1/66 24. FUNERAL DIRECTOR

G. CONNELLY SONS 300 MAC

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE Marvlland b. COUNTY Baltimore Cecil after MARYLAND b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) hours North East, Maryland 2yr9mth20dys Catonsville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? = papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) STATE HOSPITAL 10 SPRING GROVE none YES NO X within NAME OF carbon First Middle 4. DATE Last Manth Year DECEASED 16 Margaret Parsons June (Type or print) event DEATH cample S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED (Syrthday) remaye Manths Haurs 8/4/1878 white famale any WIDOWED TE DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) = during most of working life, even if retired) COUNTRY ? attending physician sermit. Then please and Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya unknown unknown 16. SOCIAL SECURITY NO. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war or dates af service 10 219-54-3265T STATE HOSPITAL Records: SPRING GROVE No crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a þ DUE TO signed burial, Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse been priar ta the OS WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) USe alth YES X NO this certificate far 20o. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While TO FUNERAL DIRECTOR: After at wark ot work Aug. 24 19 04 21. I certify that (this hospital) attended the deceased fram. saw the deceased alive on D and that death accurred at 9. M. fram causes and an the date stated above with 22g SIGNATURE 22b. DATE SIGNED 6/17/67 DIRECTOR directar, page shauld be filed GROVE HOSPITAL 22d ADDRESS SPRING STATE 22c. PHYSICIAN NAME (Type) Baltimore, Maryland 21 228 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 167 West Nottingham Colora Md. Cem. Cecil. Buria 24. FUNERAL DIRECTOR ADDRESS 42So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

hours ofter death within 24 O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, Page 4 may

			4	6311
Alm			- 919-121-3	
		Ordered Representation of the State of the S		
		enun T		
15 67		anound		
		8/1,		
		10 AU	AAN Y TOO	
	And average of the principle of the prin			

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

07842

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0400	0		-					0.	OIN	
1. PLACE OF DEATH a. COUNTY				2	O. STATE		osed lived, if institu b. COU	NTY -		./
	Baltimore	and the	MARYLA	- 11	Mar	yland	B. 400	Anr	ie Aru	ndel
b. CITY OR TOWN	(If outside carparate limits, nd give nearest tawn)		c. LENGTH OF STAY IN	lb c	CITY OR TOWN (If o	utside corpor	rote limits, write RU	IRAL and give	neorest tow	/n)
Fort	Howard		10 Days		Shady	Side		-	12 1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not	in haspital,	give street address)	d	. STREET ADDRESS					RESIDENCE
Veter	ans Administ	ratio	1 Hospital		Box 75				YES	A FARM?
3. NAME OF DECEASED	Firs JOH		Middle (NMI)	PETR	Lost	4. DATE OF	JUNE	th 3	Doy	Year 19 67
(Type or print) S. SEX	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH	DEATH	9. AGE (In years	I IF UNDER 1	VEAD TIETT	NDER 24 HRS.
Male	White		NEVER MARRIED DIVORCED		7/3/98		birthday) yrs.	Manths		iurs Min.
	ON (Give kind of work done		IND OF BUSINESS OR		1. BIRTHPLACE (County	& State, or fo	areign country)		IZEN OF WHA	AT
during most of working Inspe		Tre	Basury Dept		Scotland			II	UNTRY?	
13. FATHER'S NAME					. MOTHER'S MAIDEN	NAME				
	William Petr	ie			Mary	McGo	overn			
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFO			Addr	828		
	(If yes give war ar dates of	service) 2]	13 36 5690	014-	Pag WA I	Woond 4	Pout	Warran	. a wa	
Yes	DEATH (Enter only one cous		(-) (() (())	TOTTU	.Rec. VA I	Tdson	al, rort	nowau		L BETWEEN
	ATH WAS CAUSED BY:		(), (), (),							ND DEATH
100	IMMEDIATE CAUSE (,	UTE PULMONA	RY ED	EMA				Few h	ours-
4221		-	INTUO BOONI		TI DIORG				-	
Conditions, if on	te couse (a)	_/	EDING ESOPH	IAGEAL	VARICES				Few W	leeks
stating the und	erlying couse DUE T	1100							Years	
last.) (d ARTI	ERIOSCLEROT	TC CA	RDIOVASCU.	LAR DI	SEASE			
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELAT	TED TO THE	TERMINAL DISEASE CO	NDITION GIV	/EN IN PART 1(a)		19. WAS	AUTOPSY ORMED?
A	CIRRHOSIS	OF LI	VER							X NO
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Ent	er nature of injury in	Part I ar Pa	ort II of item 1B.)			
20c. TIME OF IN	JURY Manth, Doy, Year	20d. II	NJURY OCCURRED 2	20e. PLACE C	F INJURY (Home, form	m, 20f.	(City or town)	(Cou	inty)	(State)
Hon. o	10	While	Nat While		street, affice bldg., etc.				"	
	ify that (this hasp	at war		Ma	A 57	19 67	to June	3 10 6	57 that (Transition
	deceased alive an		10 67 on	nd that d	eath occurred at			and on th	, inar ((we) last
220. SIGNATURE		UIA .	17_07, 011	ilu iliui u	sum occorred di	4142	A Troil (doses		TE SIGNED	Jied dbove.
220. 3101141011	and of	let.		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		/4/67	
22c. PHYSICIAN					22d. ADDRESS					
NAME (Type	e) WON JU HAI	IN, M.	D.		VA HOSPI	ITAL.	FORT HOW	ARD, N	MARYLA	ND
23a. BURIAL, CREMAT	ION, 23b. DATE THER	REOF	23c. NAME OF CEMETE	ERY OR CRE	MATORY	23d. L	OCATION (City or To	wn)	(County)	(Stote)
REMOVAL (Specif	(y) 6/7/67		Arlington	Nati	onal Cemet	terv	Arlingto	n. Vir	roinia	
24. FUNERAL DIRECT						D BY REGIST		CISTRAP'S SI	CNATURE	
		-	4739 Balt		AVE		1967	liarl	as Jud	ge
rancis Ga	sch Sons Fun	Home	Hyattsvil	le, M	UAIT				0 0	

					v.	7870
Zebrona enal	5m	Haryla			ornation	
	eħ.	id whed?	LO Days		Distroll	the Total
		30 x08	Istian	or not tell	reinich. Ar	Tatel!
60.7	3115	** - ****	ME (1701)	1.5	jut,	
	とう	36/5.1		X	9 T.A.	Day 1
.A.S.G		Scott and	उत्बद्ध सूत्र	is:el	7000	วิทธิกษ
				cie	Villiam Pet	
Howard, M.	'rol et 'im	in.Rec. VA Hos	to other		I MA	2.51
Few Hours		Aventa	PUTNEY	a manu		
Fev Spoke		BUDIEN 1	EDAMODES (TOSSIE		
2 (v. 9)	DISEASE	n indervorta s	ontaine.	1 1 2 2 4		
4.06				BEUT. TO	ELECTION 3	
3 270	lune i	ed the scen		£ 900	. xx	
Sem 13/21/2	T X					
IC, TARTOND	d, Fort Hole	THE TANK THE TENERS		HH, M.D.	AE UL WW	
, Virginia	ootgalis y		Calaire Si	1	ech Sons Pur	rni.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Web th PLACE OF DEATH the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b COUNTY ALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 15 da. Baltimore ow son filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS event, within 72 NAME OF 4. DATE completely DECEASED OF DEATH (Type or print) 9. AGE (In yeors last birthday)
3 27 35 yrs. S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED Months in any WIDOWED DIVORCED 5-27-1894 and 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)

Tailor physicion (puo Italy 13. FATHER'S NAME Giovappi 14. MOTHER'S MAIDEN NAME removol, Pracentino 17. INFORMANT 16. SOCIAL SECURITY NO. (If yes give war or dotes of service (Yes, no, or unknown)
Yes 0 XXXXInes Piacentino-2902 BowersAve 16-05-047 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse hos been Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) fronta Gena. TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from. 67. ta 19 62 and that death accurred at 11.45 F. M. fram causes and on the date stated above sow the deceased alive on_ director, page 3 should be filed v PHYS. 22d. ADDRESS 22 PHYSICIAN'S BRUCE NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) 6-27-1967 Lorraine Cemetery Baltimore, Maryland 24. FUNERAL DIRECTOR ADDRESS

requires that the death certificate be executed O HOSPITAL OR ATTENDING PHYSICIAN: The law

within 24 hours after death

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

YES NO T

Year

19 6

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

19. WAS AUTOPS

(State)

(Stote)

2

12. CITIZEN OF WHAT

USA COUNTRY?

(County)

22b. DATE SIGNED

(County)

Ellsworth Armacost 4600 Liberty Hghts. Avenue DATE 11141

work to the second of the seco liny mi - to it the city of all the ball to be a little of the city of the Reprostom tailure 24/20 Cardinoria of the (E) Lung 6 month here witastors found teams! Throw explained 6/33 67 8/3 67 8/33 67 52/22/2 M 1 Jarch H. Bruce 6.0 M.C. DEKEK A. BRUCE in the latest the state of the THE TYPE VERY VERY LOCATE WITH HEAD

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

07862

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 2 haurs after degree

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

within 72 haurs after death:

07845

	PLACE OF DEATH					2. USUAL RESIDENCE (Where deced	osed lived, if institu	ution: Residen	ce before or	dmission)
	o. COUNTY	BALTIMORE		MAR	YLAND	o. STATE MARY	YLAND	b. (0)	ANNE	ARUNI	DEL
		foutside corporate limits	,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	utside corpor		URAL ond give	e neorest to	wn)
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospitol, g	ve street oddress)		d. STREET ADDRESS				e. I.	RESIDENCE
Y.	VETERANS	ADMINISTR.	ATION H	OSPITAL		1931 DREW	W STRE	TET		YES	N A FARM?
	NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF		nth	Doy	Year
	(Type or print)	ALEX	ANDER	NMI	1.4	PINKNEY	DEATH			8,	19 67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 E	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER Months		UNDER 24 HRS lours Min.
_	MALE	NEGRO	WIDOWED	DIVORCE	D 🔲	10/16/90		76 yrs.			
		(Give kind of work done life, even if retired)		ID OF BUSINESS OR		11. BIRTHPLACE (County				TIZEN OF WI LUNTRY?	
$\overline{}$	BAKER FATHER'S NAME		U.S.	NAVAL AC	ADEMI	ANNE ARUNI 14. MOTHER'S MAIDEN		MARYLAND	1 7	U.S.A	•
13.		DTMANN			44	JULIA WAI					
15	WILLIAM WAS DECEASED EVE	R IN U.S. ARMED FORCES?	1 16 9	OCIAL SECURITY NO.	17 1	NFORMANT	LILAUE	Ada	Iress		
		(If yes give wor or dotes o	f service)			ICAL RECORI	DS VA			MD	
NOI	PART I. DEAT 1538 Conditions, if ony, rise to immediate storing the under lost.	which gove e couse (o), lying couse	(o) CARCT TO (b) TO (c)	NOMA OF I		HE TERMINAL DISEASE COL			ras tas:	ONSET UT	AL BETWEEN AND DEATH AND DEATH AS AUTOPSY REORMED?
MEDICAL CERTIFICATION	2Do. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)		2Db. DES	CRIBE HOW INJURY C	OCCURRED.	Enter noture of injury in	Port I or Po	ort II of item 18.)		YES	NO [
MEDICAL	20c. TIME OF INJU Hour o.n p.n	10	20d. IN While of work	JURY OCCURRED Not While of work		E OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(Co	unty)	(Stote)
	saw the de	y that (45 (this hose ceased alive an 1	-			June 2 , 1 death occurred at		ta June M, AM n cause:	and an t	he date s	K(I) (we) last tated above.
	220. SIGNATURE	Ingente	a.	Defam	V M.D		MED. DIRECTOR	STAFF PHYS.		G-/y	-67.
	22c. PHYSICIAN 8 NAME (Type)	Angelita	A. Tops	cio, M.D.		VA HOSE	PITAL,	FORT HO	WARD,	MARY	LAND
	BURIAL, CREMATION REMOVAL (Specify)		167	33 NAME OF CEN	TETERY OR	While Will	Ces	OCATION (City or 1	olus.	(County)	(Stote)
2	FUNERAL DIRECTO	m Rees	10.11	108 W. W		tuary 250. REC'I	D BY REGIST	1 1967	registran's s		usge

Annaphlis, Md.

ş			The state of the s
ARDRUSA BUILA	CLATYCAN		FAILINGS
	ATTOTALIA	is mas	FORT HOWARD
	1931 14 7 5 5 3 4 4 7	THE RESERVE	PTELLINGA SILVETA
JUKS 18, 67	Yew	TW ENT	YIX
	57 06/51/01	A	NIE NEURO .
.A.B.U CM	NY AMERICANA MAKAN	U.S. MAVAI AGADE	RAMER
	JULIA TALIAGE		THOMAS MALLEY
. HOWARD, MD.	LICIIIMOUS, VIII, C	220 bl 63 30 oi	VE3
MATERIAL PERSONAL	DESTABLISHED BEST MONOR	Anis a F VMACEURIO	

enn; 2000

Angelita A. Topacio, M.T.

VA HOSPITAL, SCHI RAMAD, BATTLAND

1 - -

e. Homeo de cary 208 a. Washinaton Sa. Armanedisa, 16.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07863

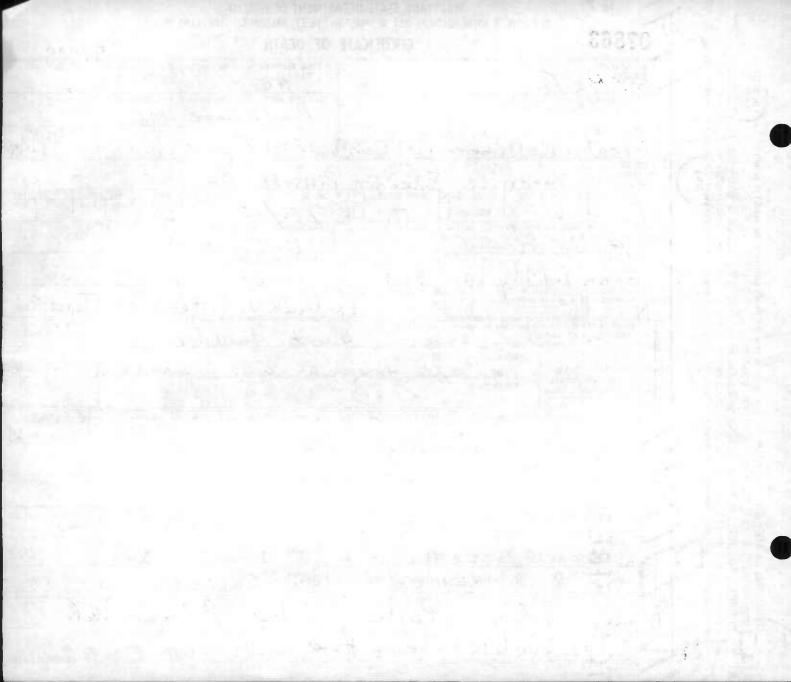
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67 CERTIFICATE OF DEATH

	11/2/45
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission)
o. COUNTY Balta, MARYLAND	a. STATE M A b. COUNTY
	CITY OR TOWN OF
b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 1b write RURAL and give necrest town)	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town)
White RORAL and give necessificating	Baltimore, Md. 031
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Greater Baltimore Med. Cen	2503 Topaz Rd. ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Manth Day Year
(Type or print) Veronica Eleanor	PITTY FF DEATH 6 5 1967
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
A HEVER MARKED	lost birthday) Months Days Haurs Min.
F WIDOWED DIVORCED	6/26/06 60 yrs.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Baltimore Md. COUNTRY?
House Wite	14. MOTHER'S MAIDEN NAME
13. TATHER'S HAMIL	14. MOTHER'S MAIDEN NAME
dohn I. Moy lan (dec)	Mary C. Wright
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY-NO. 17.	INFORMANT Address
(Yes, no, or unknawn) (If yes give war or dates of service)	Relexick W. PittRoFF 2803 lovez Rd.
The state of property	
1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Con destrue. H	eart tarline
420/ DUE TO 0	
(anditions, if ony, which gove) (b) Clarte June	on at dial inclayation, 3down
rise to immediate cause (o), (Dur To	- Car
storing the underlying couse	
last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY
20g. ACCIDENT WAS UNDERLYING 20g. ACCIDENT WAS UNDERLYING 20g. DESCRIBE HOW INJURY OCCURRED.	PERFORMED?
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH	(Lines harder at injury in rate to rate it at hell 10.)
THE CHITER, NOTIFE MICHIGAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City ar town) (County) (State)
Haur o.m. P.m. 19 While Nat While of work	ctary, street, affice bldg., etc.)
DI WOIK CO OF WORK	June 3rd, 1967, to June 5 1/2 1967 that (1) (we) last
21. I certify mar (i) (mis nospiral) ariended the deceased from_	19 19 19 19 19 19 19 19 19 19 19 19 19 1
	It death accurred at 5.15 M. Afrom causes and an the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
In leadelle macque gor M.	D. PHYS. DIRECTOR PHYS. DE 6-5-67
22c. PHYSICIAN'S	22d, ADDRESS
NAME (Type) DIR. A RENDON	Iter Galdinore hed Centre
230. BURIAL, CREMATION, 23b. DAJE THEREOF 23C NAME OF CEMETERY OR	A
principal to the terms of the t	
130pg 6/8/6/ 1917mong	
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Thille E. Crach 211 hesaco H	DATE JUN 7 1997 Ochania Queles
	THE WORLD WAS A STANDARD



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Poge 4 moy be retoined by the hospitol or ottending physicion.

> VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH					
(LDITEI/AIL ME MEATE	CEDTI	CICATE	OF	DEATH	

07847

10	116004								1750	100	
I.	PLACE OF DEATH					2. USUAL RESIDENCE (Where dece	eosed lived, if institut	ion: Residence be	fore odmissi	ion)
	o. COUNTI	Baltimore	3	MARYL	AND		rland	B. (OUI	NIY Baltimo	re	
	b. CITY OR TOWN (I	outside corporate limits give nearest town)	,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or	utside corpo	orote limits, write RUI	RAL ond give ned	rest town)	Theres
		sville		37		Catonsvi	lle		0	3,/	
	d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospitol, g	ive street address)		d. STREET ADDRESS				e. IS RESI ON A F	
1	Para	dise Convel	esan H	ome		4305 Plum	er A	renue 36		YES -	NO 🗌
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Mont	th I	Οογ Υε	100
	(Type or print)	Louise	A. C. 1911	F		Plumer	DEAT			8 19	67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	X 8	. DATE OF BIRTH		9. AGE (In yeors lost pirthdoy)	Months Do		R 24 HRS.
-	Female	White	WIDOWED	DIVORCED		11-21-1883		03 yrs.		10	
	o. USUAL OCCUPATION ring most of working I	(Give kind of work done ite even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or	foreign country)	12. CITIZEN COUNTR		17/19
	roduce	Stand	Ď	elair Mark	et .	Baltimor		Md.		LS.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Fre	derick Plum					Mar		der		
		R IN U.S. ARMED FORCES? (If yes give wor or dotes o		OCIAL SECURITY NO.	17. 11	NFORMANT		Addi	ess		
L	No.			17-36-4371	Mi	ss Clara E	Plur	ner 4305 I		vo. 3	6
		ATH (Enter only one cou H WAS CAUSED BY:	se per line for	(o), (b), ond (c).)	100	M-16	We			ONSEL AND	
)	IMMEDIATE CAUSE		STYDI	1	111-111	112			54	KS
	Conditions, if ony,	DUE which gove >		18:15	7 2	1+55 cas	2			3/4	21kg
F	rise to immediate	couse (o),	(b)	005	-	Mollet				142	die
	stoting the under	lying couse	(c)	8123	77 7	2 hilling	1	1111		-1	1.4
		SNIFICANT CONDITIONS CO	. ,	O DEATH BILL NOT BELA	TED TO T	HE TERMINAL DISEASE CO	NDITION G	WENT IN PADELIES	T	19. WAS AUT	TOPSY
NS.	PART II. OTTICK SIG	MITICALET COMPITIONS C	ON KIDOTINO 1	O DENTI DOI NOT KEEK	120 10 1	THE TERMINAL DISCASE CO	RDITION O	THE IN THE INCH		PERFORA YES T	
CERTIFICATION	20o. ACCIDENT WAS	TINDEDI VING [7]	1 20h DE	CPIRE HOW INHIPY OCC	TIPPED /	Enter noture of injury in	Port Lor I	Port II of item 18)		по	NO L
ERT	OR CONTRIBUTING	CAUSE OF DEATH	203. DE.	CRIDE HOW HOURT OCC	.UKKED.	Ellier Holdre of Injury III	70111011	011 11 01 110111 10.1			
		MEDICAL EXAMINER) RY Month, Day, Yeor	20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, for	m. 20f	. (City or town)	(County)		(Stote)
MEDICAL	Hour a.n	1.	While	Not While		ory, street, office bldg., etc.		1/10	1,1		(5.5.5)
	p.n	y that (I) (this has	ot work		rom	12/2/166	10	to 6/18	16 10	thot (I)	(wa) last
		eceosed alive on	6/9	S O 19 OI	nd tho	deoth occurred	1/	M, from couses			
	22o. SIGNATURE	()AA	1	11/11		1/	/	-	22b. DATE S		
		7119	no	May	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1	
П	22c. PHYSICIAN'S	WI	= Mc	GNA		22d. ADDRESS	Er	den - 1	PACE	tonsu	://=
	NAME (Type)	, , , , ,	- 111	alent		1/303	111	denck	100	2/10	100
23	o. BURIAL, CREMATIO	N, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR (REMATORY	23d.	LOCATION (City or To	wn) (Cou	inty) (Stote) C
L	REMOVAL (Specify)		967		oh's	Cemetery			lo.	Md.	
1	FUNERAL DIRECTO	2	01.	ADDRESS		1 4/ 1/ 1	D BY REGI		EGISTRAR'S SIGNA	TURE	
N	LAMANY.	1 100000	11/11	- 011/n1	10.1.	RINN	41	1967 80	market !	mode	

Children of the Control of the Contr

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07212

000	J		CERTITI	CAIL	OI DEATH			0.0	TO
I. PLACE OF DEAT	1					Where deceosed lived, if		ence befare ac	dmission)
o. COUNTY	Baltimore		MARYI	IAND	o. STATE	yland	o. COUNTY	0/1	
h CITY OR TOWI	(If outside corporate limits	10	. LENGTH OF STAY IN			utside corporate limits, w	rite RIIRAL and ai	ive negrest to	wn)
write RURAL	and give nearest town)				Baltimo		ine Rokat one gi		,
	Howard PITAL OR INSTITUTION (If not	in hasnital give	6 days		d. STREET ADDRESS	16		1018	RESIDENCE
	1		30,600000			* A		0	N A FARM?
	rans Adminis					ity Avenue			NO NO
DECEASED	Firs		Middle		Lost	4. DATE OF	Month	Day	Year
(Type or print)	EDWARD		HENRY		POBLETIS	OF DEATH June		4	1967
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B.	DATE OF BIRTH	9. AGE (In y			UNDER 24 HRS lours Min.
Male	White	WIDOWED X	DIVORCED		3/22/92	74	Yrs.		
	ON (Give kind af wark dane		OF BUSINESS OR	-4-1	11. BIRTHPLACE (County	& State, or foreign country		CITIZEN OF WI	TAH
Indore	ng life, even if retired)	State	e Departm	ent	Baltimore	. Md.	U.	S.A.	
3. FATHER'S NAME		Dodo	o Bopa, on	10110	14. MOTHER'S MAIDEN				
73.3	n.17.44.				W77.	/ ,			
	Pobletts EVER IN U.S. ARMED FORCES?	14 500	IAL SECURITY NO.	17 IN	Ella FORMANT	(unknown)	Address		
	1) (If yes give wor or dotes of	service)							
Yes	WWI	220	36 86 10	Clin	nical Rods	VA Hospita	al, Fort		
	DEATH (Enter anly ane cause		1 1 1						AL BETWEEN
PARI I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o) MYC	CARDIAL :	INFAR	CTION			Day	AND DEATH
4201	DUE T							4 100	
	ny, which gave	b) ART	TERIOSCIE	ROTIC	HEART DIS	EASE		yea	rs
	derlying cause DUE T								
last.		(c)							
PART II OTHER	SIGNIFICANT CONDITIONS CO		DEATH BUT NOT RELA	ATED TO TH	E TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a)	119. WA	AS AUTOPSY
			DOT HOT KED		e reminine bise of		.(0)		RFORMED?
5	use imperium o	L and Broom	os uom millov os	CURRED (F		D	10.)	YES	□ NO □
	VAS UNDERLYING □ NG □ CAUSE OF DEATH	20b. DESCR	IRE HOM INJURY OF	CURRED. (E	nter nature of injury in	Part I ar Part II af item	18.)		
THE CHIEF MAN	FY MEDICAL EXAMINER)								
20c. TIME OF I	NJURY Month, Day, Year		RY OCCURRED		OF INJURY (Hame, farm y, street, affice bldg., etc.		iwn) (C	aunty)	(State)
E noui	p.m. 19	While at work	Nat While at wark	100101	y, street, dilice blog., etc.	,			
21 ce	rtify that (*) (this hasp			fram 1	faw 20	1967 to June	1, 19	67 that	Of (we) lo
saw the	deceased olive on	Inne le	19 67.0	nd that	death accurred of	6:30 M, from co	uses and on	the date s	tated abov
22g. SIGNATU		4				A.		DATE SIGNED	
223. 310.111	1911 (1 6%	0/	M.D.	ATTENDING PHYS.	MED. STAF	m/6	111. 1	101
22c. PHYSICIA	n'c	right.	600	111.0.	22d. ADDRESS	DIRECTOR - FILES		74 7	118
NAME (Ty		AHN. M.I	D.			tal, Fort H	oward. M	farylar	nd
23a. BURIAL, CREMA			23c. NAME OF CEME	TERY OR C		23d. LOCATION (Cit		(County)	(State)
REMOVAL (Spe		1010	Good Sher			Ellicott		. ,,	, ,
24. FUNERAL DIRE	TOR - 391 end	1001	ADDRESS ADDRESS	Mer.a	25a RFC	D. BY REGISTRAR	Sb. REGISTRAR'S		
	MITTERNE	HOLDE	106	Col	umbia Rd REC	UN 6 1997		rear &	udge.
HIGGINBO	THOM FUNERAL	TOPIE	R1 1	Licot	t City Md.	0 1001		-0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreign director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A15 (4) 25M 1/67

1			
- 6			
		9	

Ista. B

	brofvasil		ensettat
	Daltdmore	0,136	Fork Howard
	7 University Avenue	(alice foile)	fotenes in inistr
78 4	o Na Caragos	YHERE	00.4 mJ
	17 22/92	Х	Male Unite
11.8.11.	t Deltinore, Md.	State Denardmer	referen
	Mla (melolen)		estados bresh-
. Sk. bravak trof:	latines Av , sook isoin i	220 35 % 10	La ray
2000	PAROTION	PATCHERIAL IN	
20101	SPIERTO TRANS DYZ	OFFICE COURSE	

acuit. Ta

Ellis City, Keryland

id i acci

Va Hospital, Fort Homerd, Naryland A. H. MHAH IT TOWN

> F Jood Suepherd 106 Culumbia Wd APPRIATED FOR FURNISHED BOTH Ellicott Olty, Nd.

MARYLAND STATE DEPARTMENT OF HEALTH OF VITAL RECORDS, 301 W. PRESTON STREET, RAITIMORE, MARYLAND 2

07866	CERTIFICATE	OF DEATH	07849	
O. Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceose o. STATE	d lived, if institution: Residence befare ad b. COUNTY	49
b. CITY OR TOWN (If outside corporate lim write RURAL and give nearest town) Mt. Wilson	15 days	Hagenst	e limits, write RURAL ond give nearest to	√ n}
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS 341 W. Was		RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	first Middle Worthing	for Porsell 4. DATE OF DEATH	Manth Day	Year 19 6
S. SEX 6. COLOR OR RACE Male White		B. DATE OF BIRTH 9. 4-2/-18	AGE (In years IF UNDER 1 YEAR IF I	UNDER 24 MR ours Min
10a. USUAL OCCUPATION (Give kind of wark dan during most of warking life, even if retired)	e 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, ar fare	ign country) 12. CITIZEN OF WE COUNTRY?	IAT C 11
13. FATHER'S NAME	Payo	14. MOTHER'S MAIDEN NAME	-00 Lux	1
1S. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, na, or unknown) (If yes give war ar dates	of service) 16. SOCIAL SECURITY NO. 17.	INFORMANT cords, Mt. Wils	Address son State Hospin	tal
18. CAUSE OF DEATH (Enter only one or PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	For odwored	Pulmonary Tube	011557	AL BETWEEN AND DEATH ON THE
Canditians, if any, which gave	E TO (b) E TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS 20g. ACCIDENT WAS LINDERLYING CT	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WA PER YES I	S AUTOPSY FORMED?
OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part	II af item 18.)	
4	20d. INJURY OCCURRED 20e. PLA	200 11 10 20 22	(City or town) (County)	
20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 19	While Not While fact	ACE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(casy of fawn) (coomy)	(State)
p.m. 19	While Not While fact at wark at wark	tary, street, affice bldg., etc.)		(I) (we) I
21. I certify that (I) (this ha	While Not While fact at wark at wark	tary, street, affice bldg., etc.) G - 1 , 19 G 7, to it death accurred at 6:15 PM, D. ATTENDING MED. DIRECTOR [(I) (we) I tated aba
21. I certify that (I) (this has saw the deceased alive an_	while at wark at wark spital) attended the deceased fram	tary, street, affice bldg., etc.) 6 - 1 , 19 6 7, to 11 death accurred at 6:15 AM, D. ATTENDING MED. DIRECTOR [(I) (we) I tated aba
21. I certify that (I) (this has saw the deceased alive an_	while at wark	tary, street, affice bldg., etc.) 6 - 1 , 19 6 7, to at death accurred at 6:15 AM, D. PHYS. DIRECTOR DIRECTOR DIRECTOR WILSON, CREMATORY 23d. LOC		(I) (we) I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 moy be retoined by the hospital or attending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 cours after death

elegimen orde month, all abroadertel to a regericate

of the comment of the second was a comment of the c

A STATE OF THE PARTY OF THE PAR

brief with a grant of the area of the component can

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any yent, within 72 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

	0786	7		CERTIFICATE	OF DEATH		07850
	D. COUNTY	BALTIMORE		MARYLAND	o. STATE MAR	(Where deceosed lived, if institution: R YLAND b. COUNTY	
	write RURAL and	f outside corporote limits give negrest tawn) HOWARD		c. LENGTH OF STAY IN 16 23 DAYS	BAL	nutside corporote limits, write RURAL of	30.4
(AL OR INSTITUTION (If no			d. STREET ADDRESS	TATELY ATTEMPTED	e. IS RESIDENCE ON A FARM?
		IS ADMINIST				LAWN AVENUE	YES NO L
	NAME OF DECEASED (Type or print)	HENR		Middle ANTON	PRIMUS	4. DATE Month OF DEATH JUNE	Doy Year 18, 19 67
5. 5		6. COLOR OR RACE			DATE OF BIRTH		JNDER 1 YEAR IF UNDER 24 HRS. nths Doys Hours Min.
	MALE	WHITE	WIDOWED	DIVORCED DIVORCED	8/9/12	54 yrs.	12. CITIZEN OF WHAT
duri	STOCK CI	(Give kind of work done line Dang Lines) HASER	Chev	ND OF BUSINESS OR NOT WORK OF BUSINESS OR	BALTIMOR	y & Stote, or foreign country) E. MARYTAND	U.S.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN		
	ANTON PR	IMUS			OTELLIE		
15. (Ye	was DECEASED EVE s, no. or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dotes o		SOCIAL SECURITY NO. 17. II	NFORMANT Alber IICAL RECOR	ta Primus, (Mee 1 DS, VAH, FORT HO	Miller) Above.
	18. CAUSE OF D	EATH (Enter only one cou					INTERVAL BETWEEN ONSET AND DEATH
		TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	ONCHOGENIC CARC	INOMA WITH	GENERALIZED	UNKNOWN
	1621	DUE	TO ME	rastasis			OMMIN CHAIN
	Conditions, if ony rise to immediat		(b)				
	stoting the unde	rlying couse	(c)				
MOIL		IGNIFICANT CONDITIONS C		O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter noture af injury in	n Part I or Port II of item 18.)	
MEDICAL	Hour o.	m. 19	While	Not While of work	CE OF INJURY (Home, for ory, street, office bldg., et	rc.)	(County) (Stote)
	21. I certi	ify that 🎾 this has	pital) attend June 1	ded the deceased from	May 26 , t death occurred a	19 <u>67</u> , to June 18 at 12:40 M AM m causes and	on the date stated above
	22o. SIGNATURE	angento	To	extens by M.C	1 117 01	MED. DIRECTOR PHYS.	22b. DATE SIGNED 6/18/67
	22c. PHYSICIAN'S NAME (Type		A. Topa	acio, M.D.	22d. ADDRESS V.A.HO	OSPITAL, FORT HOW	ARD, MARYLAND
230	D. BURIAL, CREMATI			23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify Burial	(4)	./67	Parkwood Cer		Baltimore,	
24	4. FUNERAL DIRECTO	OR		3331 Brehms	Lane 259 R	CD BY REGISTRAN 251 CHEGIST	RAP'S SIGNATURE
Sc	himunek	Funeral Hor	10	Baltimore, M	aryland DATE	~ 0	0 "

The secretical commence of popular ways and commence of the secretic secret

					+001	
	OLEN.	M		*:MIN		
	DELINERS	, w.d.	23 DAYS	J."	on tax	
	1 T 1 1 1 1 1 4 4 1	3316	LATERION	11. 6 6 7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7	VELXION	
7.0 e ² . 31	96	MIMIS	0.1	7 36 3		
	15	3.6/9/8		59 - 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
. K. C. J	WALLEY MARKINE),(())	. H = .V =	73 11	(F) (F)	
	SERVICE A			3		
THE COURT OF	TO THE SUM	KON NOOFFIL	5 09 77 18 0	23	817	
ISOKARU	estraymen in	DI MINICE				
			TARTERT			
и 173 - 81	omio To	May 26				
w 170 -81	MA OLISA	7.05 VaN	70 Bi			
к 70 81	MACCESTAN		70 Bi			

MAR DIVISION OF VITAL RECO

07868 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remays each appears. Pages I and should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after death. Page 4 moy be retoined by the hospital or attending physician.

VR A15 (4) 25M 1/67

YLAND STATE DEP ORDS, 301 W. PREST			ND 21201	
CERTIFICATI	OF DEAT	H		07851
MARYLAND	O STATE	ARYLAND	ived, if institution: Resi b. COUNTY	dence before admission)
LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corporate l	imits, write RURAL ond	give neorest town)
52 DAYS	B	ALTIMORE		304
street oddress)	d. STREET ADDRES	S		e. IS RESIDER ON A FAR
PITAL	3710 CI	AREMOUNT S	STREET	YES N
Middle	Lost	4. DATE	Manth	Day Year

a. COUNTY BALT IMORE	MARYLAND	o. STATE MARYLAND b. COUNTY	
b. CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and	give neorest town)
write RURAL and give nearest tawn) FORT HOWARD	52 DAYS	BALTIMORE	2011
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspite		d. STREET ADDRESS	e. IS RESIDENCE
VETERANS ADMINISTRATION	HOSPITAL	3710 CLAREMOUNT STREET	ON A FARM? YES NO X
3. NAME OF First	Middle	Lost 4. DATE Manth	Day Year
DECEASED (Type or print) EDMARD	JOSEPH	PUCHAJDA OF JUNE 2	3. 1967
S. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH 9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWS		10/17/96 last birthday) Manths	Days Haurs Min.
	KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
during mast af warking life, even if retired)	AIRCRAFT		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
LOUIS PUCHAJDA			
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	INFORMANT Address	
(Yes, no, or unknown) (If yes give war ar dates af service)	7.8 10 30 60 CT.T	NICAL RECORDS, VAH, FT. HOWAR	D. MD.
1B. CAUSE OF DEATH (Enter only one couse per line		TOND ILEGOROUS VALLE I I HOWE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ABETIC GANGRENE	LEFT LEG	DAYS DEATH
260X DUE TO			
	ABETTO NEUROPATI	HY AND RETINOPATHY	YEARS
rise to immediate cause (a),			
stating the underlying cause	ABETES MELLITES		20 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ARTERIOSCIEROSIS OBLITE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			PERFORMED? YES NO
E 20g. ACCIDENT WAS UNDERLYING ☐ 20b.		(Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Haur o.m.	INJURY OCCURRED 20e. PLA		County) (State)
Haur o.m. 19 atv	nile Nat While fact	tary, street, affice bldg., etc.)	
21. I certify that (4) (this haspital) att	ended the deceased from	MAY 2, 1967 to JUNE 23, 1	967 , that \$ (we) las
saw the deceased alive an JUNE	23. 19 67, and that	t death accurred at 3:10PM, fram causes and an	the date stated above
22a. SIGNATURE	1 110	22b.	DATE SIGNED
1 like	cida MX M.I	D. PHYS. DIRECTOR DIRECTOR DIVISION STAFF	/23/67
22c. PHYSICIAN'S		22d. ADDRESS	
NAME (Type) NEILON NEILS	ON, M.D.	VA HOSPITAL, FT. HOWARD, MI).
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
REMOVAL (Specity)	BALTIMORE NAT	IONAL CEMETERY BALTIMORE, MAI	RYTAND
24. FUNERAL DIRECTOR	ADDRESS CONKLIN	25g REC'D BY REGISTRAR 25h REGISTRAR	

A A CONTROL OF THE BUILDING PORCE OF THE PARTY OF THE PAR

The state of the s ot 18 1 all of preside

DIABITO NIURCENTET AND RETITIONAL CONTRACTOR

20 TRAKE au all a companier

The state of the s

Cha. " and the and 1/3, 1/4

)	C)		
1	7	7		
-				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATI	STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND-
07863	CERTIFICATE OF DEATH	07852
NACE OF DEATH		

2,0003	-KIII IOAI L	OI DEATH		
1. PLACE OF DEATH a. COUNTY BALTO	MARYLAND 2.	. 07175	(Where deceased lived, If Institution: R rland b. COUNTY Bs	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, c. LENG write RURAL and give nearest town)	GTH OF STAY IN 1b C.	CITY OR TOWN (If o	utside corporate limits, write RURAL	and give nearest town)
GARRISON 3	2 days		Baltimore 21234	30 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g FOXLEIGH MURSING 14	give street address) d.	STREET ADDRESS	HARFORD PD	e. IS RESIDENCE ON A FARM?
3. NAME OF First	Middle A	Last	4. DATE Month	YES NO X
(Type or print)	E.	EESE	4. DATE Month OF DEATH	2 4 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEV	ER MARRIED 8.	DATE OF BIRTH	9. AGE (In years IFUNDER last birthday) Months 7 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		11. BIRTHPLACE (Cou Virgi	0.1	DUNTRY? U.S.A
13. FATHER'S NAME	14	4. MOTHER'S MAIDE		
S. J. Campbell			Minnie Fletche	er
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 214-24	Mrc	Doris Kahl	Address (San	ne)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		1 (0	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ral los	xulor.	Hocident	26 days
331X DUE TO 6	/	7	South and the second	0
Conditions, if any, which) (b)	eno sel	Desses		androion
gave rise to immediate cause (a), stating the DUE TO				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	ED. (Enter nature of I	njury in Part I or Part II of item 18	.)
		OF INJURY (Home, farr		inty) (State)
2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OF Hour a.m. While not at work at work	While factory, s	street, office bldg., etc	.)	
21. I certify that (I) (this hospital) attended the d		-23 .19	(7, to 6-24 196	Z, that (1) (we) last
2//			op M, from the causes and on t	he date stated above.
22a. SIGNATURE				ATE SIGNED
22c. PHYSICIAN'S NAME (Type)	niller!	22d. ADDRESS.	DIA.	om. lk Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY OR		23d. LOCATION (City, town or con	unty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. Mt	. Holly Ceme	etery	Remington, Vi	rginia.
24. FUNERAL DIRECTOR A	DDRESS		BY REGISTRAR 25b. REGISTRAR	C CLONATURE
Leonard J. Ruck, Inc. Balto. Md	21214	DANEUN	26 1967	00

VR A15 (4) 15M 4-64

9: 0000

r mg

e interes

raids pigo .se

mai.

mann at attent

eisl 6/29/67. Pt. Holly emetery Eminaton, Virginia.

Persond J. Tuelc, Sec. 1935c. Fd. 21214.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07870 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission I. PLACE OF DEATH b. COUNTY a. COUNTY ·Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Baltimore Life e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS 1459 Towson St. NO PO St. Joseph Hospital 3. NAME OF Middle 4. DATE First Last Month Year DECEASED OF Frank R. Reichenberg 6 3 67 19 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthdoy) Hours 27/1918 Male White WIDOWED * DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of warking life, even if retired)
Longshoreman INDUSTRY Baltimore. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Reichenberg Mary Wolf Frank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dotes of service) 215-09-3288 Mrs. Emma Wagner 1315 Cooksie St INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Laennec's Cirrhosis IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Pulmonary edema 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month Dov. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o.m. While Not While at work 21. I certify that (this hospital) attended the deceased fram. 19 67 to 6/3/ 19.67, that 2) (we) last and that death accurred at 5:05 M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING 6-4-67 M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 7620 York Road. Baltimore. Md. Reynaldo F. Orjuela-Gomez, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) Baltimore Holy Cross Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Inc. DATESUN 1967

24 hours after filled in by the popers. Page thin 72 hours a filled executed within and completely fremove carbon pou ¥ pe physician of the pleose that the death certificate or removol. ottending physpermit. Then p permit. cremation. signed by the burial-tronsit burial, cremati physician. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low re Poge 4 may be retoined by the hospitol or ottending peen prior to the 00 for use Health O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for un Stote Dept. of director, page 3 should should be filed with the VR A15 (4)

20 M 1/66

V. PO 1971 . Felsing Striff The production of the second o RESERVED AND ADDRESS OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the further director, page 3 shauld be detached far use as the burial-transit permit. Then please remark carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death.

VR A15 (4) 25M 1/67

07871

CERTIFICATE OF DEATH

07854

									0 . 0	70-
	E OF DEATH						here deceosed lived,		Residence before	e odmission)
		Baltimore		MARYLAND	a. STATE	Mary1	Land	b. COUNTY	Baltimo	ore T
b. (11	TY OR TOWN (I	If outside corporate limits I give nearest town)	s,	c. LENGTH OF STAY IN 1b	c. CITY OR	TOWN (If out	side corporote limits,	write RURAL	ond give neorest	t town)
W	THE KUKAL UND	give nedresi rown)							20	4
d. NA	AME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, g	give street oddress)	d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
G	reater	Baltimore	Medica	1 Center	38	20 Rol	Land Avenu	1e		YES ANO
3. NAM		Fi	rst	Middle	Lost		4. DATE	Month	Doy	Year
DECE (Type	ASED or print)	Mrs. Edi	Lth		Remar	e	OF DEATH	6	30	1967
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	IRTH	9. AGE (Ir		UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
	F	W	WIDOWED	DIVORCED	7-	31-91		Yrs.	ontas Days	Hours Min.
		(Give kind of work done		IND OF BUSINESS OR IDUSTRY	11. BIRTHPL	ACE (County 8	Stote, or foreign cour	itry)	12. CITIZEN OF COUNTRY?	
during in	H.	life, even if retired) W_	IN	DUSIKI	Whit	e Hall	L, Marylan	nd	COUNTRY	USA
13. FATI	HER'S NAME					R'S MAIDEN N				
		Samuel Bla	ack				Alice	(Black)	Duncai	n
		R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO. 1	7. INFORMANT	t-1 D	ecords	Address		
(100,110,	?	(ii pos give wor or dolos e		220444215	1103 P.	LLAI IX	ecords			
18.		ATH (Enter only one cau	ise per line for	(o), (b), and (c).)						ERVAL BETWEEN SET AND DEATH
	PAKI I. DEAI	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Metastatic (Carcinon	a of I	Breast		UN	SEI AND DEATH
	1.10 X	DUE	TO							
	nditions, if ony, to immediate	A COUSA (O)	(b)							
	ting the under		10							
lost)	(c)							
PAR	RT II. OTHER SIG	SNIFICANT CONDITIONS C	ONTRIBUTING 1	TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE CON	DITION GIVEN IN PAR	T 1(o)	19.	WAS AUTOPSY PERFORMED?
E _			cleroti	c Cardiovasc	ular Dis	ease			YE	ES X NO
		S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture	of injury in P	ort I or Port II of ite	m 1B.)		
(IFE	EITHER, NOTIFY	MEDICAL EXAMINER)								
MEDICAL 20c	TIME OF INJU		20d. II While	NJURY OCCURRED 20e.	PLACE OF INJURY foctory, street, offi	(Home, farm, ce blda etc.)	20f. (City or	town)	(County)	(State)
	p.n		ot wor	k L of work L						
				ded the deceased fram			67 ta	6/30	, 19 <u>6</u> /, th	at (I) (we) last
	saw the de	eceased alive an	6/	19 67, and t	hat death acc	urred at_				
220	o. SIGNATURE	11 3	11.	1.	ATTENDIN	IG [AFF _	22b. DATE SIGNI	
22.	c. PHYSICIAN'S	frun (,	Ha	aur	M.D. PHYS.		DIRECTOR L PH	IYS. L.	7-1-	6/
220	NAME (Type)	John E.	Adams.	M.D.			r Baltimo	re Med:	ical Ce	nter
230 BII	JRIAL, CREMATIO			23c. NAME OF CEMETERY						
RE	MOVAL (Specify)			St. James E		1	23d. LOCATION (Monkton,	Md. Ba	lte. Mo	1/ (51016)
	urial NERAL DIRECTO	ok-Brooks					BY REGISTRAR	-25b. REGIST	RAR'S SIGNATUR	Ref.
	Wm. Co)ok⇔Rrooks	Towson	, rowson, Ma.	TO COMPANY	DATE JU	IL 6 196	1 /	Maries	Judge
						DAIL				

TASE TO TRANSPORT OF THE STATE OF SEATHER

e auec Inei

MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201

07872	a oon nan	CERTIFICATE	OF DEATH		07855
1. PLACE OF DEATH o. COUNTY Bal ti	more	MARYLAND	2. USUAL RESIDENCE (a. STATE Maryl	b. COU	tion: Residence before odmission) NTY
b. CITY OR TOWN (If outsing write RURAL and give to TOWSON	nearest town)	c. LENGTH OF STAY IN 1b ospitol, give street oddress)		attide corporate limits, write RU	RAL ond give neorest town) RAL ond give neorest town) RAL ond give neorest town)
St. Joseph'		ospirol, give street oddress;		rrest Ave. #3	ON A FARM?
3. NAME OF DECEASED (Type or print)	John First	Middle W	Lost Ricks, Sr.	4. DATE Moni	
	White W kind of work done an if retired)	ARRIED NEVER MARRIED	B. DATE OF BIRTH March 7, 19 11. BIRTHPLACE (County Maryland 14. MOTHER'S MAIDEN	& Stote, or foreign country)	IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes	ARMED FORCES? give wor or dotes of serv WW2 Inter only one couse per	(e) 213037128 M	Daisy Wallson	te V. Ricks -	
Conditions, if ony, which rise to immediate cous stating the underlying lost.	e (0), (DUE TO	CORONARY CONONARY ANTERIOSCLER	WSUFFIC		4419
PART II. OTHER SIGNIFICA	ANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAU	SE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	4 16 46 18
20c. TIME OF INJURY MA Hour o.m. p.m.	onth, Doy, Yeor 19		CE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (Stote)
21. I certify the	nt (I) (this haspital ed alive an <u> </u>	attended the deceased fram_ NE 12 1967, and tha			Y, 1962, that (I) (we) id and an the date stated above
220. SHGMATURE 22k. PHYSICIAN'S NAME (Type)	JUN AS	bettury MI	224 ADDRESS	MED. STAFF DIRECTOR PHYS. C	22b. DATE SIGNED 6 - 14-67
230. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 6/17/67	23c. NAME OF CEMETERY OR Lorraine Par	ck Cemeter y		, , , , , ,
24. FUNERAL DIRECTOR Leonard J. I		ADDRESS 305 Harford Rd. Ba			Glistrar's signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and the vent, within 72 hours after deatheath. Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Manager of the state of the sta From the O The same of the same of the same Committee of the Commit test and the second 180 March M. Darley M. Droven C. Droven D. Droven C. Company Co. . Droven Co. . Dro

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 2		0787	3		CERTIFIC	AIL	OF DEATH	100			07856
r death	1.	PLACE OF DEATH a COUNTY. Baltima	and Cauri	+,,	MARYLA	ND	2. USUAL RESIDENCE (V	here deceosed	l lived, if institut b. COU	MTV .	before odmissions en Anne
the transfer ages	r	b. CITY OR TOWN () write RURAL one	f outside corporate limits, I give nearest town)	c. L	ENGTH OF STAY IN	1b	c. CITY OR TOWN (If our Chester				
illed in by the papers. Pagin 72 haurs	-	()	AL OR INSTITUTION (If not i		reet oddress)		d. STREET ADDRESS	TOW!	,		e. IS RESIDENCE ON A FARM?
thin 24 filled n pape iithin 7.	3.	MAME OF	ood State	HOSPIL	Middle		Lost	4. DATE	Mon	th	VES NO Doy Year
mpletely e carban		(Type or print)		irbard	Lynn	-	Rider	OF DEATH		I IF UNDER 1 YE	3 1967
9 80		sex Female	white	WIDOWED	NEVER MARRIED DIVORCED	8	6-13-66	5	AGE (In yeors lost birthdoy) yrs.	Months Do	oys Hours Min.
	10o dur	. USUAL OCCUPATION ing most of working	(Give kind of work done life, even if retired)	10b. KIND OF INDUSTR	BUSINESS OR		11. BIRTHPLACE (County Chester)	. 2/	ign country) Maryla	COUNT	IN OF WHAT
h certificate b ing physician Then please removal, and	13.	FATHER'S NAME Charles	Wm. Ri	der			14. MOTHER'S MAIDEN N				
the death certificate be the attending physician at t permit. Then please ation, ar removal, and in			R IN U.S. ARMED FORCES? (If yes give wor or dotes of s		SECURITY NO.	0	NFORMANT Sewood R	ecord	S Addr	wings	Mills
that the an. by the a ransit per remation		1B. CAUSE OF DI PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY: IMMEDIATE CAUSE (o	0	1 1	NS	ut. e.ev	LU			INTERVAL BETWEEN ONSET AND DEATH
uires th nysician gned by rial-tra rial, cre		75 2X Conditions, if ony	DUE TO		- Nal	Hyd	wocephal	45		0	ongenital
w required by the purity of th		rise to immediat stating the under lost.				b					1
r The lo	ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT RELAT	ED TO T	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
SICIAN spital o ertificat ed far ed far	CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBI	HOW INJURY OCCU	JRRED. (Enter noture of injury in I	Port I or Port I	I of item 1B.)		
G PHYSIC the haspi r this cert detached te Dept. a	MEDICAL		JRY Month, Doy, Yeor	20d. INJURY While at work	OCCURRED 2		E OF INJURY (Home, form ory, street, office bldg., etc.)		(City or town)	(County	y) (Stote)
rendin ned by R: After uld be the Sta		21. I certi	fy that (I) (this hospi	tol) attended t	he deceased fr	om d thot	3-28,1 deoth occurred at,	9 <u>67</u> , ta.	€ − .	3 , 19 <u>67</u> and on the	, that (I) (we) las dote stoted above
OR ATI		220. SIGNATURE	clard - (4	Jane	~	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED 67
HOSPITAL of the may be filed to the may be filed to the may be filed to the man and the man and the filed to the man and		22c. PHYSICIAN'S NAME (Type	Richar	JA.	Jone	>	22d. ADDRESS	wood	Sta	te L	lospital
O HOSPITA Page 4 may O FUNERAL director, po	230	BURIAL, CREMATIC BEMOVAL (Specify	ON, 23b. DATE THERE	- 1	CHURCH		REMATORY	CHUI	ATION (City or To	4/LL (Co	ounty) (Stote)
VR A15 (4) 20 M 1/66	24	EUNERAL DIRECTO		Thech	ADDRESS !	mi	2So. REC'D	BY REGISTRAL		EGISTRAR'S SIGN	
6		11/10	1 1	1				- V. 4	7 7 7		4-5

ALCOHOL: UNK Strake and the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

07857

LA	X		07874 CERTIFICATE OF DEATH	
funeral er gene	Y		PLACE OF DEATH O. COUNTY BALTIMURE MARYLAND 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before so. STATE D. COUNTY MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND	- 1
etely filled in by the fur orbon papers. Pages I nt, within 72 hours after	1	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give near write RURAL and give near stown) 3 ALTIMORE C. LENGTH OF STAY IN 1b 3 EIFE BALTIMORE	
filled in papers thin 72 l	54	9	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) AREATIER BALTIMORE MEDICAL CENTRE 3511 CANTERBURY Rd. ANTSION NAME OF NAME OF First Middle Lost 4. DATE Month D	YES NO
pletely corbon vent, wi			DECEASED. (Type or print) ANNIE REBECEA RILEY DEATH JUNE 1 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	- 17 - 1
physicion and corpletely f hen pleose remove corbon novol, and in ony event, with		100.	EMPLE CAU WIDOWED DIVORCED 4-8-89 78 yrs. Months Doy: USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN	OF WHAT
ysicion pleose ol, and i			INDUSTRY BALTIMORE, MD. COUNTRY AND WE FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
ending mit. 1		15.	WAS DECEASED EVER IN U.S. ARMED FORCES? Is, no, or unknown) (If yes give wor or dotes of service) NO HARLES BENGAMIN TITLOW ANNIE REBECCA MOQUIRIC Address Address Address PATIENT'S CHART.	
by tran			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	NTERVAL BETWEEN ONSET AND DEATH
ling een the r to			Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (b) ARTERIOSCLEROTIC VASCULAR DUE TO (c) DUE TO	
or atten e hos t use as olth pric	3	CERTIFICATION		9. WAS AUTOPSY PERFORMED? YES NO
his certificate this certificate etached for Dept. of He			20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
by the fter this be deta State De		MEDICAL	Hour o.m. While Not While ot work foctory, street, office bldg., etc.)	that (I) (we) la
be retained DIRECTOR: A ge 3 should led with the			saw the deceased alive an 1967, and that death accurred at 405 M, fram causes and an the deceased alive an 22b. DATE SIGNATURE	ate stated abav
	,		Cerelyn F. Phys. Alterding Director Phys. 22c. Physician's NAME (Type) EVELYN L. RAMOS 22d. ADDRESS GBMC Town 4,	me.
Poge 4 moy TO FUNERAL director, pog should be fi		Bu	Burial, CREMATION, 23b. Date thereof 23c. Name of CEMETERY OR CREMATORY . 23d. LOCATION (City or Town) (Courremand Court Specify) 6/13/67 Druid Ridge Cem Balto Co	
VR A15 (4) 25M 1/67	R	M. 24	itchell-wiedefeld H8ma 21212 ADDRESS ADDRESS ADDRESS DATE 25 FROD BY REGISTRAR SIGNAL 25 PROD BY REGISTRAR SIGNAL DATE 25 PROD BY REGISTRAR SIGNAL 26 PROD BY REGISTRAR SIGNAL 27 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 21 PROD BY REGISTRAR SIGNAL 21 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 29 PROD BY REGISTRAR SIGNAL 21 PROD BY REGISTRAR SIGNAL 21 PROD BY REGISTRAR SIGNAL 21 PROD BY REGISTRAR SIGNAL 22 PROD BY REGISTRAR SIGNAL 23 PROD BY REGISTRAR SIGNAL 25 PROD BY REGISTRAR SIGNAL 26 PROD BY REGISTRAR SIGNAL 27 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 29 PROD BY REGISTRAR SIGNAL 29 PROD BY REGISTRAR SIGNAL 20 PROD BY REGISTRAR SIGNAL 20 PROD BY REGISTRAR SIGNAL 28 PROD BY REGISTRAR SIGNAL 29 PROD BY REGISTRAR SIGNAL 20 PR	UKE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercised within 24 haurs after deoth.

Poge 4 may be retained by the hospital or attending physician.

the sale of the first term of the sale of L. L. A. H. Milliam M. Marie J. W. W. W. C. W. C. C. Market Statement Little - William Committee of the Commit LIREMIA, HYPREACHIA ARTERIOSELEPECTIC VESCULAR D15 887 50 JAME Towner 4 . Prof. 7-1-1 i alsi becoming the stimuliar TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the changing physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permet. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after degrated.

0787	5	CERTIFICAT	E OF DEATH		07858			
	TIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE DISTRICT OF COLUMBIA					
FORT HOWA		c. LENGTH OF STAY IN 16 16 DAYS	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) WASHINGTON 47-3					
	ADMINISTRATION (If not in ho		d. STREET ADDRESS 627 13th	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	First WYAT	. Middle	ROBINSON	4. DATE Manth OF DEATH JUNE				
S. SEX MALE	NEGRO WII	ARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH SEPT. 10,	9. AGE (In years lest birthday) 60 yrs.	Manths Days Hours Min.			
10a. USUAL OCCUPATION during mast of warking I	(Give kind of wark dane ife, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (County & State, or foreign country) MONTGOMERY , ALABAMA 12. CITI COUNTRY				
13. FATHER'S NAME WYATT ROE	INSON		14. MOTHER'S MAIDEN VIOLA BE					
IS. WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give war ar dates of service WW TI	(e) 16. SOCIAL SECURITY NO. 17.	INFORMANT	VA HOSPITAL. I				
Canditions, if ony, rise to immediate stating the under last.	which gave cause (a), lying cause (c)(c)	AORTIC STENOSIS ARTERIOSCLEROTIC			19. WAS AUTOPSY			
PULMON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PULMONARY EMPHYSEMA. PLEURAL EFFUSION 20d. ACCIDENT WAS UNDERLYING 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
20c. TIME OF INJU Haur o.m p.m	10		ACE OF INJURY (Hame, far actory, street, office bldg., etc		(County) (State)			
saw the de	y that (k(this haspital) ceased alive an_6/1	attended the deceased fram_ 3/6719, and th	5/28/67 , at death accurred a	19ta_ 6/13/67 t_ 7:354M fram causes o	, 19, that २०) (we) last ind an the date stated abave			
22a. SIGNATURE	2 della	est 1	A.D. PHYS.	MED. DIRECTOR DIPHYS.	22b. DATE SIGNED 6/13/67			
22c PHYSTCIAN'S NAME (Type)	JOHN D. TALE			ORT HOWARD, MAI				
23a. BURIAL, (REMATIO REMOVAL (Specify) BURLAL	6-16-	23c. NAME OF CEMETERY OF LOUDEN PARK	NATIONAL	23d. LOCATION (City or Town	VID.			
24. FUNERAL DIRECTOR	Wilson 32	WILSON FUNERA	L HOME 2Sa. REC	JUN 15 1967 REG	STRADS SIGNATURE Judge"			

BALTIMORE,

COPALIDA INCI

ALTERIOR TO TOTALISTO CONTROL ENGINEERI

EUTOMETICAL SECTION OF

ESCHIAL TRULK SVITTERSHOO

moreover through property and other

78/21/9

HAMMER ASOTTY

والمناولة في المنافعة
100-100-

outs that of the Y was to the same and

. . . .

YES THE YEAR OF THE SECOND OF THE SECOND OF THE HORSED, WE HORSED, WILL SECOND OF THE HORSED, WD.

19/51/6 7:354/6 7:354/6 7:354/6/

JOHN D. TALBORT, M. D. VAN FORE PORT PORT AND AUGUSTANDE

AND THE AT THE THE PARTY OF THE

SBORD SAME CONFERNMENTS

1 2 pi

funeral and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please name carbon papers, Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 lours after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

ACE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, 15 Institution: Residence before a

9000	V		CERTIFIC	CATE	OF DEATH	1		0.7	7859
1. PLACE DF DEAT	TH		Maria de la companya della companya	2		CE (Where deceased			ence before admission)
Baltim	ore		MARYL	AND	a. STATE	d	b. COUNT	timore	
b. CITY OR TO	WN (if outside corpora L and give nearest tov	te limits,	c. LENGTH DF STAY	IN 1b	. CITY DR TOWN (II	outside corporate			give nearest town)
White	Marsh		8 years		White N	Grsh		0	13.1
d. NAME DF HO	SPITAL DR INSTITUTIO	ON (If not in ho	spital, give street ad	dress)	. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Bex 97	9A Loreley	Beach R	oad		Box 979A	Loreley	Beach	Rd	YES NOTE
3. NAME DF DECEASED	F	irst	Middle		Last	4. DATE	Month		Day Year
(Type or print)	1.010514		L		mmel	DEATH	June		
5. SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE	(In years II birthday) M	FUNDER 1 YE fonths Dev	Hours Min.
Female	Cauc	WIDOWED [DIVORCED	1		05 62	yrs.		
1Da. USUAL OCCUPA during most of wor	TION (Give kind of work king life, even if retire	done 1Db. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	ounty & State, or for	reign country)	12. CITIZ	EN OF WHAT
Housew	rife		me Maker		Baltimor		Land	U.S.	.A.
13. FATHER'S NAI				1	4. MOTHER'S MAIL				
Willi	am E. Murry				Lydia C			-2111	
(Yes, no, or unkown)	EVER IN U.S. ARMED FE (If yes give war or dates or	ORCES? 16. S	OCIAL SECURITY NO.	17. IN	FDRMANT	Box 97	79A Lor	eley F	Road
No		64	6-10-3798	Mrs	Richard Ru		Marsh		
	DEATH [Enter only on		ne for (a), (b), and (c).	.1	4			11	NTERVAL BETWEEN
	EATH WAS CAUSED BY IMMEDIATE CAUSE		CA	of	L-11	Na			
1637	DUE	TO							
Conditions, If		(b)				4			
cause (a),	stating the DUE	TO							
underlying cau	SIGNIFICANT CONDITION	(c)	INO TO DEATH BUT NO	T DEL 4 TEL	TO THE TENTH IN	NACTAC ADVIDUO			19. WAS AUTOPSY
PART II. DTHER 2Da. ACCIDENT OR CONTRIBUT OR CITHER, NO	SIGNIFICANT CONDIST	ONS CONTRIBUT	ING TO DEATH BUT NO	/ KELATEI	D TO THE FERMINAL I	DISEASE CONDITIO	NGIVEN IN PA	IRI I(a)	PERFORMED? YES NO
≥ 2Da. ACCIDENT	WAS UNDERLYING DENGE OF DEA	TH 2Db. DI	ESCRIBE HOW INJURY	Y OCCURR	ED. (Enter nature of	f Injury In Part I o	or Part II of	Item 18.)	
	TING CAUSE DE DEA OTIFY MEDICAL EXAMI	NER)							
Hour a.	INJURY Month, Day, .m. 19	Year 2Dd. IN. While at work	JURY OCCURRED 2D Not While at work	e. PLACE factory,	OF INJURY (Home, fe street, office bldg., e	erm, 2Df. (City (or town)	(County)	(State)
	Ify that (I) (this hos			m / f	-/0 1	960 to 6	- 2-12	10/2 7	that (I) (we) last
	eceased alive on (2 - > V	1 .					,	date stated above.
22a. SIGNATU			1	id that d					SIGNED
M	ulmi 11	4772	10/75	M.D.	ATTENDING PHYS.	MED. DIRECTOR P	TAFF HYS.	6-2	1-67
22c. PHYSICI NAME (T	(vne)				22d. ADDRESS				
	Dr.	Rumberg		7		elage Ave			
	MATIDN, 23b. DATE		23c. NAME OF CEN			23d. LOCATIO			
24. FUNERAL DIR	Tune 23	1967	Parkwood	Geme	tery 25a. RE	Taylor	25b. REG	ISTRAR'S SI	GNATURE
George J	. Gonce, 40	Ol Rite	hie Hgwy. I	Balto		N 2 6 196	1 11/1/	iarles	Judge

VR AI5 (4) 1 2DM 1/65

atoridist business detail wilder transf & ECTE SILE on Will legelar Seath Hord Legelar Head How Styl Legelar Head Hall Samale Unio who will be a large to 1909 of elsof albit Series , drags wild speed branch and the series , series the state of the s Pany saurement 503 25 100 and Brief will 23,1767. Testenoù cometent de Brief wel wille, de Deer e d. Gonce, 1932 Mitchie Roop, Esixo, 20 adunt de lond

Par 9798 Lord av Mond

1		DIVISION OF VITAL RECORDS, 301 W. PRE	STON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		07877 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	860
HEALTH DEPT.		RACE OF DEATH 1. COUNTY BOLLINO'S MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Day 2 20	before odmission)
th. If any deloy ges 1, 2, and 3 torm PM3. Po, ote Department		o. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give in	earest tawn)
h. If an form form		I. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	1919 Winder Rd.	e. IS RESIDENCE ON A FARM? YES NO
dead dead			USSELL 4. DATE Month OF DEATH 6/15	
5 6 6	S.	m WIDOWED □ DIVORCED □	3/7/20 47 yrs.	loys Hours Min.
S s S	duri	USUAL OCCUPATION (Give kind of work done no most of working life, even if retired) The state of	CEVMANY. COUN	EN OF WHAT TRY? USA
with per xor xor hold		Charles Mussell	14. MOTHER'S MAIDEN NAME Address 208	HUTONE
e executed pending" in ef Medical E Isit permit. I		s, no or unknown) (If yes give war or dates of service) 212/18/5158	Mr. Ed. Russell Linthieum	
Id be ex rd 'penc Chief M transit p event w			ound Right Temple	ONSET AND DEATH
shou wo the the ony		Conditions, if ony, which gove rise to immediate couse (o),	ted	
ficate ting the rded to as a as a ond ir		stoting the underlying couse DUE TO (c)		
This certicate, writing be forward be used removal,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		19. WAS AUTOPSY PERFORMED? YES NO
or or		PRIMARY GOT CONTRIBUTING CAUSE OF DEATH.	ED. (Enter noture of injury in Port I or Port II of Item 1B.)	
EXAMINER Ute the cer age 4 shoul your files. Poge 3 shoul cremotion,	MEDICAL	Hour o.m. p.m. 19 While Not While ot work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	y) (Stote)
exect or. Port of the control of the		21. I certify that I taak charge of the remains described above, death resulted fram: Natural causes, Accident,	Suicide X, Homicide , Undetermined monner	and in my opinio
MEDIR oleos dire etair DIR		ACTUAL SIGNATURE SIGNATURE & Updike	M.D. ASSISTANT MEDICAL EXAMINER 1311 Fran	22. DATE SIGNED
DEPUTY ecessary, p ne funeral moy be n FUNERAL eolth prior	22	EXAMINER'S NAME (Type) Ralph E. Updike MD BURIAL CREMATION, 23b. DATE THEREOF 236 NAME OF CEMPTERY	Address (Stront, city, town, or county) Bolds. M	1. 21227
10 th	230	REMOVAL (Specify)		ounty) (State)

VR A15ME (5) 6M 1/67

wied lawn Down + Kenpello Garmany. Charles Mussell Agass Gunther Yes W. W. II DISTINGTON Fel. Russell Dathieum Hornes

Land to Fast Maybon let and line Fast Mayer

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07070

CERTIFICATE OF DEATH 07861

00000)		CERTIFICATI	. OI DEATH		0 + 00.	
1. PLACE OF DEATH o. COUNTY Ba			MARYLAND		Where deceased lived, if institu yland b. co		
b. city or fown (Cattonsviol	If outside carporate limits, digize neorest town)		Days	Ellicott	utside carporote limits, write R City	URAL ond give ne	parest tawn)
d. NAME OF HOSPIT Summit Nu	al or institution (if not rsing ome	in haspitol, g	ive street address)	d. STREET ADDRESS 1214 Burn	side Drive		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	John First		Middle E. Rutle	last edge	4. DATE Mo OF DEATH Ju	ne	Day Year 1 19 67
S. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH Dec. 19, 18	9. AGE (In years last inthday) yrs.	Manths Do	AR IF UNDER 24 HRS. Dys Hours Min.
10a. USUAL OCCUPATION during most of warking	N (Give kind of wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY	N.Y. City	& State, ar fareign country)	USA 12. CITIZE	N OF WHAT TRY?
13. FATHER'S NAME Michael	Rutledge			14. MOTHER'S MAIDEN Mary Ga			
1S. WAS DECEASED EVE (Yes no, or unknown) WW1	R IN U.S. ARMED FORCES? (If yes give wor or dates af	service) 16. S		INFORMANT John E. Rutl	edge JR. 1214	Burns i	ide D.
	EATH (Enter only one cause TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T		(o), (b), and (c).)	- 7	mout	h	INTERVAL BETWEEN ONSE AND DEATH
nise to immediate stating the under last.	recause (a), DUE T	0					Tio mac allyopcy
NOTE PART II. OTHER S	BENIFICASH CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED TO	THE HERMINAL DISEASE CO	NOTITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
C / / FETHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 18.)	-	
2Dc. TIME OF IN)	URX Manth, Day, Year	20d. IN While at wark	Not While fac	ACE OF INJURY (Hame, farr		(County	(State)
saw the d	fy that (1) (this hosp ceased alive on	ital) attend	led the deceased fram_ 1962, and the	at death accorred at	196 to full	and an the	, that (I) (we) las date stated abave
22a. SIONATUR	NA COLE	8)	MOSSA	D. ATTENDING PHYS	MED. STAFF DIRECTOR PHYS.	22h DATE	SIGNED 67
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS		0	
230. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THER		23c. NAME OF CEMETERY OR Green-Wood		23d. LOCATION (City or 1 Brooklyn	New York	
24. FUNERAL DIRECTO		07 Wil	kens Ave. 2122			REGISTRAR'S SIGN	IATURE Oudals

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician apa competely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please femous cabon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any every, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

0 -6/2 2 10 .2.1 The second of the Art of the Land of the L Long - post T I I of the Late .orA week to the sale . The sale . The

1	(N	K	te	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYL	AND
FOR S	TATE	XÍ)		07070 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0700	29
HEALTH	DEPT	-	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residen a. COUNTY 2. WATE D. COUNTY	ice before admission)
>== 0	# 2			Dallimore MARYLAND PENNA. Dawpl	hina
uneran ay b	tmer		R	b. CITY OR TOWN (If outside corporate limits, write RURAL and over nearest 14wn) write RURAL and over nearest 14wn)	
the f	Department after death.		/	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ay is 3 to age	State L	00		Rt. 83 4602 North Rd.	YES NO
and and 3.	and and		3.	NAME OF DECEASED F / First Middle Last 4. DATE Month Da	1 m
PN PN	\$.Z		5.	SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 19. AGE (In years IFUNOER 1 YEAR	19 6 / AR JIFUNOER 24 HRS.
iges form	W.			WIDOWED DIVORCEO Febr 22 1947 Jast blinday) Months Days	Hours Min.
r dez	and			1. USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR 11, BIRTHPLACE State or foreign country) 12. CITIZE (COUNTIL)	N OF WHAT
afte. 8. Gi	-		13.	FATHER'S NAME (O) LEGE MATTISBUTO LENNA U.	S. A.
ours m 18 e al	pages in any	10	1	dwand F Pran Sr (atherine Brow)	n.
24 h n Ite Offic	File, and		15. (Ye	. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITYNO. 17 INFORMANT 146 Addressor of Action of the War of Carles of Service)	Rd.
thin ncil ii	permit.			110 - 193-36-3944 amund F. Kyan, Sr. Harrisburg,	Genna.
ted with in penci Examiner	t per			PART I. DEATH WAS CAUSED BY:	TERVAL BETWEEN
ng" i	ial-transit nation, or	1		819 4 IMMEDIATE CAUSE (a) Caching Topicing	
endin	burial-tran cremation,			Conditions, if any, which gave rise to immediate (b)	
d "p	40 "	1		cause (a), stating the OUE TO	
e word word e Chief	ed as burial		NO		9. WAS AUTOPSY PERFORMED?
ficate the the	Shop	2	ICAT		YES NO Z
te, writing forwarded t	should be gent, prior		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY P) or CONTRIBUTING Automobile in which he was a passenger struck a bridge abutment	a
te, vorwa	3 shou agent,	^2	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While Not While 1 Home found 1	
Lifica be f	age 3	0)	ME	p.m. 6/24 19 67 at work at work Highway Hereford Baltin	more Md
EXAM	TOR: Page lesignated			21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, a death resulted from: Natural causes, Accident Suicide, Homicide, Undetermined manner	ma m my opinion
DICAL International Sec 4 sh	IRECTO Its desi			CHIEF MEDICAL EXAMINER	
execute Page	DIR DIR			SIGNATURE (A.M. France M.O. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	22. DATE SIGNED
exe exe	400 .00	2		EXAMINER'S NAME (Type) P. M. F. RANC. E. Address (Street, city, town, or county)	101
please edirector.	of He	0.	238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
2 29 2	200		74	BURIAL 6-27-67 HOLY CROSS CEM. HARRISBURG DAVE ADORESS 25a. REC'D BY REGISTRAR 25b., RECTARAS'S 61	GNATURE .
	A15ME	(Z	profestante in Hour Fraged on (Fax of UN 28 1967 perantes)	Judge
3500) 4-64	1	1	my in where in the server it, you	

Artingue C The second of the second of the second

FOR STANE	tems 18-21 Film 390 7-1 MARYLAND STATE DEP DIVISION OF VITAL RECORDS, 301 W. PREST Item #9 Film #G390 57 MEDICAL EXAMINER'S	ARTMENT OF HEALTH ON STREET, BALTIMORE, MARYLAND 21201 28/67 CERTIFICATE OF DEATH
HEALTH DEP.	1. PLACE OF DEATH BALL'imore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Baltimore
ny deloy is 2, and 3 to PM3. Poge	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Catonsville	c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Catonsville
form form	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 6110 Edmondson Avenue	d. STREET ADDRESS 6110 Edmondson Avenue e is residence on a farm? yes \(\) NO
fter deot Give Poo ong with	3. NAME OF DECEASED (Type or print) ALFRED EUGENE S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Lost 4. DATE Month Day Year
Id be executed within 24 hours ofter death. If drift deloy rid "pending" in pencil in Item 18. Give Pages 1, 2, and 3 Chief Medical Examiner's Office along with form PM3. Portronsit permit. File pages 1 and 2 with the State Department event within 72 haurs ofter death.	Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) INDUSTRY	9-15-24 Last birthdoy) Months Days Hours Min 11. BIRTHPLACE (State or foreign country) 12. CITIZEN DE WHAT COUNTRY? Pennsylvania U.S.A.
vithin 24 pencil in aminer's e poges naurs oft	13. FATHER'S NAME William S. Scanlon	14. MOTHER'S MAIDEN NAME Irene W. Murphy
xecuted wit nding" in pe Medical Exan permit. File within 72 hau	(Yes no or unknown) (If yes give war ar dates of service)	INFORMANT Add 2050 E. Walnut V. Thomas J. Scanlon Phila. Penna.
INER: This certificate should be executed within 24 hours ofter death. If a should be farwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages I and 2 with the State Der tion, or removal, and in any event within 72 haurs ofter death.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Barbiturate ov DUE TO Canditions, if any, which gave rise to immediate cause (o), stating the underlying couse last. (b) DUE TO (c)	erdose INTERVAL BETWEEN ONSET AND DEATH
his certif ote, writi e farwari be used o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED? YES \(\bullet \) NO [
MINER: This the certificate, 4 should be faur files. e 3 should be untilon, or remonation, or remonation.	PRIMARY Sor CONTRIBUTING II Ingested an ov	(Enter nature of injury in Part I or Part II of item 18.) erdose of sleeping pills ACE DE INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
ACAL EXAMINER: This certive execute the certificate, writer. Poge 4 should be farwated files. ECTOR: Poge 3 should be used buriol, cremotion, or removal,	21. I certify that I took charge of the remains described above, h	took street, office bldg., etc.) Catonsville Balto. Md.
O DEPUTY MEDICAL EXAMINER: This necessory, please execute the certificate the functol director. Page 4 should be figmay be retained far your files. O FUNERAL DIRECTOR: Page 3 should be Health prior to buriol, cremotion, or remotion.	deoth resulted from: Notural couses, Accident, Sui ACTUAL SIGNATURE EXAMINER'S Werner U. Spitz, M.D. NAME (Type)	cide , Homicide , Undetermined monner . CHIEE MEDICAL EXAMINER . ASSISTANT MEDICAL EXAMINER . DEPUTY MEDICAL EXAMINER . Address (Street, city, town, or county)
TO DI the 5 mm C Heol	230. BURIAL CREMATION, BURNAL Specify) 23b. DATE THEREOF OUR Lady Of (Grace Langhorne, Penna.
VR A15ME (5) 6M 1/67	24. EUNERAL DIRECTOR Wm. Cook- Brooks Inc. 1217 St. Paul S' Baltimore, Maryl	

__oty e percto

Little . Jeen D.H

Perily Vine

reme . No hy

tariu E. wingt

. 119 . 11 ev. harab .. c 11) 1

ir y r rec enter enter

/ t. c...

10-15-0

e. IS RESIDENCE ON A FARM?

Year 19 6 7

IF UNDER 24 HRS.

Hours

5.A

INTERVAL BETWEEN ONSET AND DEATH

YEARY

19. WAS AUTOPSY PERFORMED?
YES NO

(State)

(State)

and an the date stated above. 22b. OATE SIGNED 6/27/6

DATEJUL 3

1967

NO 3

	1	07881	CERTIFICATE	OF DEATH	07869	
er dedin		PLACE OF DEATH OF COUNTY L T O	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE MARY	deceased lived, if institution: Resident	e before admis
yn 72 nours arrer aearn		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RANDAULS TOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co	orparate limits, write RURAL and give	3.1
55	1:	d. NAME OF HOSPITAL OR INSTITUTION (IF not in haspital, BALTO. COUNTY GEN.	give street address) 1+05P	0 - 1	DYLANE	e. IS RES ON A YES
		NAME OF DECEASED (Type or print) ELIZABETI+			FATH 6 =	2 7 19
90	1	EMALE WHITE WIDOWED	DIVORCED	8/15/94	9. AGE (In years IF UNDER last birthdoy) 72 yrs. Months	Days Hours
and in any	duri H	ing most of working life, even if retired) OUSEWIFE A	ND OF BUSINESS OR DUSTRY THOME			IZEN OF WHAT
ol removal,		MAX KAISER		14. MOTHER'S MAIDEN NAME REBECCA	?	
	IS. (Ye	os, no, or unknown) (If yes give war ar dates of service)	5-09-4434 MRS	NFORMANT S. ANNETTE BEET		AVE #
DI DEL		1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).) as cul	as accide	W	ONSET AND
יופטוות אוומן ומ מסוומן, מפווומוומן	11.	rise ta immediate couse (a), stating the underlying cause last. (c)	tCVD			SEUE RI Y E A
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AL PERFOR YES
5	CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 20b. OF ONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I o	or Part II af item 18.)	
	MEDICAL	Hour a.m. While p.m. 19 at war	Not While focto	ory, street, office bldg., etc.)	20f. (City or town) (Cou	onty)
		21. I certify that (1) (this hospital) attensow the deceased alive on	ded the deceased from C 19 <u>6 7</u> , ond that	death occurred at 1/3	to 6/27/67, 19_ M, fram causes and an the	
Situation be lifted with the State Dept.		220. SIGNATURE DE MICHAIS 22c. PHYSICIAN'S		T and toopers	OR PHYS. 6	ATE SIGNED
20 1		NAME (Type) CHARLES 14	. WILLIAMS	BALTO. C	DUNTY GEN.	
6		BURIAL (Specify) BURIAL 6/29/67	23c. NAME OF CEMETERY OR CHERREW FRIENDS	SHIP	BALTIMORE, MARY	
M	24	FUNERAL OIRECTOR	ADDRESS	2Sa. REC'O BY RE	GISTRAR 2Sb. REGISTRAR'S SI	GNATURE

LEVINSON & BROS. INC. 6010 REIST. RD.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07882	CERTIFICATE	OF DEATH		07865
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (o. STATE Maryl	Where deceosed lived, if institution b. COUNT	n: Residence before odmission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares; town) Essex (21)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RURA	L ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
701 Christian Ave.		701 Chr	istian Ave.	YES NO
3. NAME OF First DECEASED (Type or print) FRANK SC	Middle CHARMER	Lost	4. DATE Month OF DEATH June 25	
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	Q AGE (In vents	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED S	ept. 5, 187	8 last birthdoy) 88 yrs.	Months Doys Hours Min.
during most of working life, even if retired)	CIND OF BUSINESS OR NDUSTRY	Austr		12. CITIZEN OF WHAT COUNTRY? Austria
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Unknown			known	
WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) No		nformant seph Scharm	Address er 703 Christi	an Ave. Balto21
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	reu lato 14 1	où lure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove) DUE TO (b)	not fair lure	, chemic		6 wonth
rise to immediate couse (a), stating the underlying couse lost.	Lui exclusor	ic cardio	-vateular dis	reuse years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 of two	e Not While focto	E OF INJURY (Home, formory, street, office bldg., etc.		(County) (Stote)
21. I certify that (I) (this hospital) atter saw the decrased alive an	nded the deceased fram 19 17, and that	havel 24 , t death accurred at	1959 to June 1	5, 1967, that (I) (We) last nd an the date stated abave
220. SIGNATURE CYPLUS C. DE	munay M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED -67
22c. PHYSICIAN'S NAME (Type) ELIGENEC.	BAUMANI	V H/3 EA	STERN AVE ,	BALTIMORE 21
230. BURIAL (REMATION, REMOVAL (Specify) 6/27/67	23c. NAME OF CEMETERY OR COM		23d. LOCATION (City or Town	
24. FUNERAL DIRECTOR Bruzdzinski Funeral Home 1	ADDRESS +07 Eastern Ave	2So. REC	PRY REGISTRANGE 256. RED	STRAPS OF MATURE AGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample by filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remarks carban papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 haurs after deet

VR A15 (4) 5 20 M 1/66

Ministra and introduction of the Special section of the last of

Andrew Secondary Contract to the Land Contract of the Contract

- Over naster 1900 f. soul Errary Paul Paul Pelinger

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the hospital or attending physician.	• EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the £итега.	3 shauld be detached far use as the burial-transit permit. Then please (Amalantaryon papers. Pages 1 pad 3	l with the State Dept. af Health priar ta burial, crematian, ar remaval, and in two event, within 72 haurs afte 🚾 th	5
JR /	e re	IREC	3 5	iw b	
AL O	ly be	10 1	ade	filec	
PIT	ma	ERA	or, p	q pe	1
HOS	ge 4	LIN	ecto	aulc	I
0	Pa	0	÷	sh	1

07883 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY g. STATE b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) 23 days 21 205 Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS St. Joseph's Hospital 613 N. East Ave. 3. NAME OF Middle 4 DATE Month DECEASED (Type ar print) George Schmid DEATH June 9. AGE (In years S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) February 4.1898 WIDOWED DIVORCED male white 69 yrs 10g. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) er INDUSTRY Retired
13. FATHER'S NAME xxxxx Heil Germany 14 MOTHER'S MAIDEN NAME Joseph Schmid Theresa Muller 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes af service) Elizabeth Schmid, wife, above 5-07-0426 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Bronchogenic carcinoma IMMEDIATE CAUSE (a) DUE TO metastatic to brain and liver Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) Myocardial infarction, acute and old. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year Nat While Haur a.m. factory, street, affice bldg., etc.) ot wark 21. I certify that N (this haspital) attended the deceased fram May 31 ., 1967 , ta June 23 , 19 67 that X (we) last saw the deceased glive an June 23 1967, and that death occurred at 12:15M, from causes and an the date stated above. 22a, SIGNATURE ATTENDING X M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Juana S. Cockburn, M.D. 7620 York Rd., Towson 21204, Md. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION

REMOVAL (Specify)

6/26/67

Schimunek Funeral Home, Inc.

3331 Brehms Lane

Gardens of Faith Cem Baltimore. Md. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTBAR'S SIGNATURE

Charles

(County)

22b. DATE SIGNED

June 23,1967

(County)

07866

IF UNDER 1 YEAR

Manths

e. IS RESIDENCE ON A FARM?

YES NO [

Year

1967

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(State)

(State)

YES X

Day

12. CITIZEN OF WHAT

COUNTRY?

LANDON AL STATES

LANDON AL ST

SSL vi date. Plants

Lastrack the manual .

A Company of the Comp

tamous of the same settle again to be a set of the same of the sam

woma, olawaki katan stadawaki okoleyawaki da

ally the John Additioning the state of

The state of the s

The state of the s

07884	CERT	IFICATE OF DEATH	Reg. D	ist. No. 0786
o. COUNTY	O I IIIVA	YLAND O. STATE / VAR	coastd lived. If institution, Resider	ALTO
b. CITY OR TOWN (If outside corporol RURAL and give nagrest lown)	ALK 224	IN 16 c. CITY OR TOWALD outside	carporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hosp	ital, give street address)	A STREET ADDRESS DU	WDALK AI	JE S RESIDENCE ON A FARMS
NAME OF DECEASED (Type or print)	OHN WILL	11/21/2011 0	ATE MONTH EATH X UNE	27 19 67
S. SEXMALE 6. COLONDER B	E WIDOWED DIVORCE	ED AU9, K, 189	9. AGE (In years le UNDEF lost bicthoay) Months	Days Hours Min.
doring most of working life, even) if r	work dane 10b. KHO OF BUSINESS (etired)	ARD MARYL	ign country) AND 12. Ci	TIZEN OF WHAT COUNTR
3. FATHERSNAME SOIT LI	EB SCHO	CK HARIE	PFIT3E	MEIER
5. WAS DECEASED EVER IN U. S. ARMÉT (Yes, no. ongonkyown) (If yes, give war or do	100 of service) 2/7-05-	5181 J.R.S	CHOCK B	allering 20
18. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU		red arterio	2 claronia	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which	UE TO (b) UE TO (c)	0		
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PAR	PERFORMED?
3				TES NO TER
200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DESCRIBE HOW INJURY C	OCCURRED. (Enter nature of injury in Part I c	or Part II of item 18.)	YES NO. 🔼
200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMI	20b. DESCRIBE HOW INJURY CENTH NER) 7. Year 20d. INJURY OCCURRED While of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.)		
20c. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMITY OF THE CONTRIBUTION OF T	, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. 1 1967, ta June 1 deoth accurred at 638 AM,	(City or town) (27, 1967, that I from the causes and an t	(County) (State) last sow the deceose the dote stated obov
200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING I CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMITY OF THE CONTRIBUTION OF THE CON	, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. 1 1967, ta June 1 deoth accurred at 638 AM,	(City or town) ((County) (State
20c. TIME OF INJURY Month, Doy Hour c. m. p. m. 21. I certify that I attended alive on June 2 ACTUAL SIGNATURE	Year 20d. INJURY OCCURRED While Not while of work of w	20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) 20f. 1 deoth accurred at 63 M, ADDRE	(City or town) (27, 1967, that I from the causes and an t	last sow the deceos the dote stated obov DATE SIGN (Gloter)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

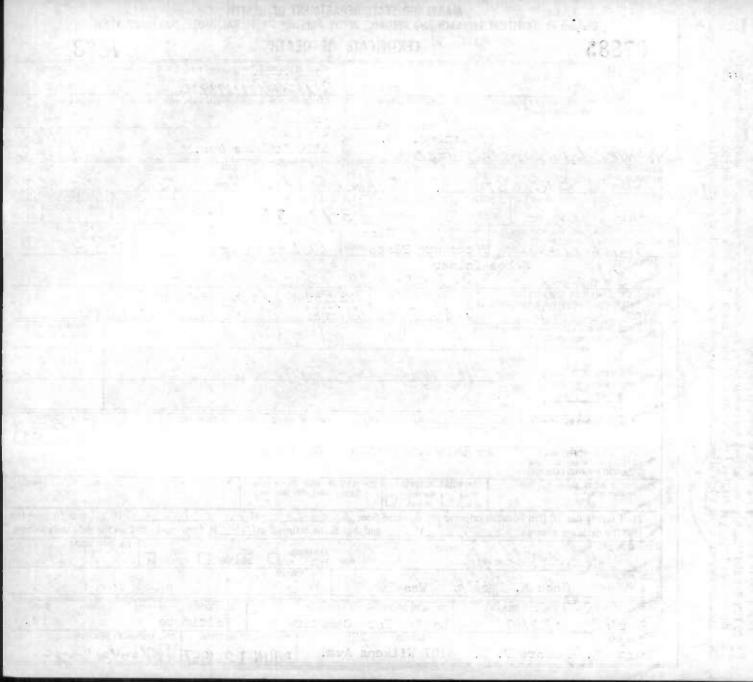
TO FUNERAL TOR: After this certificate has been signed by the attending physician and campletely fille by the funeral director, page 3 shaw detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1.2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		48820
mention and an entire lands of the lands		
		Superior de la more
		A MHOROLOGICAL
100		En
		The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH								
Division of STATIST	TICAL RESEARCH	AND RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE,	MARYLAND	2120
1 1		CEDTIFICA	TE O	E DEAT	11		0	191 1

- 2	6	07885	CERTIFICATE	OF DEATH	0.7	868
death and death	1. 1	LACE OF DEATH . COUNTY BOLLED	MARYLAND	2. USUAL RESIDENCE (Where of a STATE Mary Land	deceosed lived, if institution: Resider	nce before odmission)
the the aft	1	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	prporote limits, write RURAL ond giv	re neorest town)
within 24-hours of the lip the ban papers. Page within 72 haurs of			/ weck	Arbutus		12.1
d in d in do 72 h	6	NAME OF HOSPITAL OR INSTITUTION (If not in he	osbitol Chik F. R. H. Poqque K. J. G.	d. STREET ADDRESS 5110 Arbutus	A77.0	e. IS RESIDENCE ON A FARM?
filled paper thin 77	1	1/4N9Y1-WH /VUKSI	Ng Home Middle	lost 4. D.		VES NO Doy Year
that the death certificate be executed within 24 bears an. by the attending physician and campletely filled in by ronsit permit. Then please remove-carbon papers. Po crematian, or remayal, and in any event, within 72 haurs	-	PECEASED (Spee or print) ERNEST	L c Schoo	0		9 1967
amplete ve cark	-		A INCIDENTIAL CONTROL	B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	
exec any any	1	0077710	DOWED DIVORCED	3-13-88	79 yrs.	
ate be excian and ease rem		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OGlass	11. BIRTHPLACE (County & Stote	or foreign country) 12. CC	TIZEN OF WHAT
ertificate be physician on nen please laval, and i	13.		Pittsburg Plate nfelder	14. MOTHER'S MAIDEN NAME	74- 19	SA
th certific ding phys . Then p remaval,		HENLY SCHOOL	213-05-3068	Becky	Sichen	
attending permit. The	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of servi	16 SOCIAL SECURITY NO. 17-1	Wormaniet J. Sch	oenfelder Address	
attendi permit.	110	Yes WWI	213-05-306816	1F141 3	5/10 Arbutus A	
that the d an. by the att transit per crematian,		 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 	1 1 1	11 TE +		INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o)	Marke Mysems	Rini Interction		
requires that to physician. Signed by the burial-transit a burial, cremain a burial, cremain		Conditions, if ony, which gove) (b)	Hypertenory Cine	Ci-Variation Distri	ule:	One day
		rise to immediate couse (o), stoting the underlying couse DUE TO	//	F 248 (1) 56		
law reending s been as the riar ta		last. (c)			, , , , , , , , , , , , , , , , , , , ,	I 10 MUS HITODSY
rsician: The law raspital ar attending certificate has been hed far use as the far use the	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
AN: al ar cate ar u Heal	CERTIFICATION	200. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I o	or Port II of item 18.)	IES NO L
PHYSICIAN e haspital his certifica stached far Dept. af He	CERI	OR CONTRIBUTING (I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
DING PHYSICIA by the haspital (fter this certific be defached fa State Dept. af H	MEDICAL.	20c. TIME OF INJURY Month, Day, Yeor Hour o.m.		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)
Q ←	W	p.m. 19	of work of work		7 G 10	47.6 . 057.51
ATTENDIN stained by CTOR: Afte shauld be ith the Sta		21. I certify that (I) (this haspital)	aftended the deceosed from ω	death occurred of	L, to Jane 9, 19 LM, fram couses ond on 1	<u>o</u> , that (I) (we) la
retain retain RECTOR 3 shat with t		220. SIGNATURE	1	ATTENDING MED.	22b. C	DATE SIGNED
y be re gage 3 filed w		John K. Wear	They M.C). PHYS. LJ DIRECT	OR PHYS. 20 9	June 196's
P D A G a		22c. PHYSICIAN'S MAME (Type) John K. WE	Meagly Weagly	Shangri- In	Varring Home Conto	wille Md
O HOSPI' Page 4 m O FUNER director,	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		d. LOCATION (City or Town)	(County) (Stote)
55 5 5		REMOVAL (Specify) Burial 6/13/67	Loudon Park C		Baltimore	Md.
VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR Howard H. Hubbard F.	ADDRESS 21229 H. 4107 Wilkens A			
20 M 1/66	1	nowald n. nubbaru r.	II. 410/ WIIKEIIS A	ve. DATELIN 1	2 1967 /Cliane	en Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07886	CERTIFICATE	OF DEATH	07	1869
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryland	There deceosed lived, if institution: Reside b. COUNTY	ince before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RURAL and gi	ve necrest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi St.Josephs Hospital	ve street oddress)	d. STREET ADDRESS Route 14,	Вож 220	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle Virginia	Lost SCHONE	4. DATE Month OF June	Doy Year 25 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [8. DATE OF SIRTH 7-31-08	9. AGE (In yeors lost birthdoy) Months	R I YEAR IF UNDER 24 HRS. Doys Hours Min.
	ND OF BUSINESS OR DUSTRY	11. 8IRTHPLACE (County & Maryland	(OUNTRY?
(Yes, no, or unknown) (If yes give wor or dotes of service)	OCIAL SECURITY NO. 17.	INFORMANT M: H. SCHO	Address NE JR. A	BOVE
18. CAUSE OF DEATH (Enter only one couse per line for (PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. (c)		1		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO) DEATH 8UT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRI8E HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 of work	Not While foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.)		ounty) (Stote)
21. I certify that (his hospital) attends	ed the deceosed from_s 1967_, and tha	June 17 , 19 t death occurred at_	9.14 from couses and on	
220. SIGNATURE	4. M.	D. PHYS.		DATE SIGNED 10 26, 1967
22c. PHYSICIAN'S NAME (Type) Reynalds Orjela			k Rd., Towson, Md.	
230. BURIAL, CREMATION, REMOVAL (Specify)	MORELAN	VOS	23d. LOCATION (City or Town) BALTO,	(County) (State)
24. FUNERAL DIRECTOR J. J. CONNELLY	ADDRESS	250. REC'D	8Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE CES JUNGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremotion, or removal, and in any event within 72 hours after death Page 4 may be retained by the hospital or ottending physician.

Comment of the Commen

FOR	S	DEPTE.
HEALT	H	DEPT.

ODEPUTY MECKAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. nt of soth.

TO DEPUTY MECKAL EXAMINER:

ner's Office along with form PM3. F	. (iges Land Zwith the State Departmen	any event/within 72 hours after de	58
Exomir		File po	ond in	
the tuneral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with form PM3. F	5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Land Zwith the State Departmen	Heolth or its designoted agent, prior to buriol, cremotion, or removal, and in Iny event/within 72 hours after de	2
the funeral	5 moy be 1	TO FUNERAL	Heolth or i	2
VR	A1 6M	5ME 1/6	(5)	No.

STATE MAINT AND CONTROL OF THE PARTY AND CONTROL OF BIRTH ARCH 10, 18 II. BIRTHPLACE (Stote on West Virgin 4. MOTHER'S MAIDEN NA	ide corporote limits, write 21234 igh Rd. 4. DATE M DEATH J DEATH J 9. AGE (In yeors lost burthdoy) 77 foreign country) 1a	RURAL ond give neon	rest town) e. IS RESIDENCE ON A FARM? YES NO OY 9ear 7 19 67 R IF UNDER 24 HRS. Hours Min. OF WHAT
Baltimore STREET ADDRESS 8110 Oakle Lost CHOPPERT DATE OF BIRTH arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	21234 igh Rd. 4. DATE M DEATH JOE	Nonth D IF UNDER 1 YEAR Months Doys 12. CITIZEN	e. IS RESIDENCE ON A FARM? YES NO OY Year 7 19 67 R IF UNDER 24 HRS. Hours Min. OF WHAT
STREET ADDRESS 8110 Oakle Lost CHOPPERT DATE OF BIRTH arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	4. DATE M OF JOEATH 9. AGE (In years lost burthday) 9. Or foreign country)	IF UNDER 1 YEAR Months Doys 12. CITIZEN	ON A FARM? YES NO OY Year 7 19 67 R IF UNDER 24 HRS. Hours Min. OF WHAT
CHOPPERT DATE OF BIRTH arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	4. DATE MOF DEATH J. J. P. AGE (In years lost birthdoy) yrs foreign country)	IF UNDER 1 YEAR Months Doys 12. CITIZEN	ON A FARM? YES NO OY Year 7 19 67 R IF UNDER 24 HRS. Hours Min. OF WHAT
Lost CHOPPERT DATE OF BIRTH arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	4. DATE MOF DEATH J. J. P. AGE (In years lost birthdoy) yrs foreign country)	IF UNDER 1 YEAR Months Doys 12. CITIZEN	YES NO OY Year 7 19 67 R IF UNDER 24 HRS. Hours Min. OF WHAT
CHOPPERT DATE OF BIRTH arch 10, 18 II. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	9. AGE (In years lost birthday) 9 yrs foreign country)	IF UNDER 1 YEAR Months Doys 12. CITIZEN	7 19 67 R 1F UNDER 24 HRS. Hours Min. OF WHAT
DATE OF BIRTH arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	9. AGE (In years lost birthday) 77 oreign country)	Months Doys	R IF UNDER 24 HRS. Hours Min. OF WHAT
arch 10, 18 11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	lost birthdoy) 90 yrs r foreign country) 1a	Months Doys	of WHAT
11. BIRTHPLACE (Stote of West Virgin 4. MOTHER'S MAIDEN NA	foreign country)	12. CITIZEN	OF WHAT
West Virgin	ia		
	ME		iA.
Managa			
mary -			
RMANT			
onog C	Chmar	users !	10+ 7k=
	,,,,		9. WAS AUTOPRY PERFORMED? YES NO
er nature of Injury in Pa	rt I or Part II of item 18.)	Aon	0.
F INJURY (Home, Dirm, street, office bldg., etc.)	20f. (City or town)	(County)	Botto MA.
an Autapsy 🔲 ,	Inspection In	nquiry , ar	nd in my apinian
, 🔲 , Hamicide [, Undetermined	manner 🔲	
		- ,	22 DATE SIGNED
		6/	0/67
MATORY	23d. LOCATION (City or	Town) (Coun	(Stote)
	Baltimor	e. Marvla	nd
2So. REC'O E	BY REGISTRAR 2Sb.	REGISTRAR'S SIGNAT	Judge
e N	TERMINAL DISEASE COND F INJURY (Home, Arm, street, office bldg, etc.) The Maricide Chief Medical Experiments of the Medical Exp	TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) F INJURY (Home, Darm, street, office bidg, etc.) The Marcial M	Mary - ORMANT Added to. Mo Try E. Scroppert, 8110 Oakleigh Control of the con

h in the The second secon

THE DI NUTL OF FREE SYSTEMS OF THE STATE OF THE STATE OF THE SHOPE OF THE STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

07888	CERTIFICATE	OF DEATH	07871
1. PLACE OF DEATH o. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution o. STATE b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA)	ond give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	aspitol, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
966 RENFREW	3T	3030 TAYLOR AG	YES NO
	Middle 1. SCHREIBER	Lost 4. DATE Month OF DEATH JUNE	Doy Year 1967
F W WI			IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
0o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
PATRICK DAVI	S	MARIA GRISFIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of servi		INFORMANT Address OROTHY KELLY 966	RENFREW
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (σ)	r line for (o), (b), and (c).)	Rs Edera	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a),	Boon hos	ene Coronna	180
stoting the underlying couse (c) DUE TO		Inetestate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (Stote)
21. I certify that (I) (this haspital) saw the deceased alive an) attended the deceased tram_	t death accurred atM, fram causes ar	, 19 <u>6</u> 2, that (1) (we) last and an the date stated above
22o. SIGNATURE	Aget M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	BLATT. M)	Ese ned certes	
230. BURIAL, (REMATION, REMOVAL (Specify) BC R A CONTROL OF CONTR	23c. NAME OF CEMETERY OR G 7 HOLF REDE ADDRESS	EEMER BALTO	(County) (Stote)

TO HOSPITAL OR*ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample ely filled in by the fune directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove the papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event within 72 hours after deat

> VR A15 (4) 20 M 1/66

DIVISION OF VITAL RECORDS, Item #9 Film #6390 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

uneral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in better funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remays carban papers. Pages I and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and interest, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

death.

VR A15 (4) 25M 1/67

07889			CERTI	FICATE	OF DEATH		078	372	
1. PLACE OF DEATH						(Where deceosed lived, if instit		before odmissior	n)
	altimore		MA	RYLAND	o. STATE Mary	land b. co	Balto		
b. CITY OR TOWN	(If outside corporate limit	ts,	c. LENGTH OF STAY	/ IN 1b		utside corporote limits, write F	RURAL and give no	eorest town)	
Parl	nd give nearest town)		13 yı	rs	Parkvi	ille		03.1	
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS			e. IS RESIDE	ENCE PM2
3116	Willough!	ov Rd			3116 Wil	Lloughby Rd			NO V
3. NAME OF DECEASED (Type or print)	MARY	irsf	SCHUBER	Т	Lost	4. DATE Mo	une 17	Doy Year	
s. sex	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARR		ept 27 18	9. AGE (In years loss birthdoy) 82 8/3 / yrs.	Months D	EAR IF UNDER 2	24 HRS. Min.
	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	γ & State, or foreign country)		EN OF WHAT	
during most of workin		IN	DUSTRY		England	d	COUNT	SA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN				
Wi1	liam H. Ha	ainswo	rth	958	Mary	Lister			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes	16. 9	SOCIAL SECURITY NO.	. 17, 10	NFORMANT		dress		
- No) (II yes give wor or doles		None		Family re	cords			
18. CAUSE OF	DEATH (Enter only one co	use per line for	(o), (b), ond (c).)	.1 2	1			INTERVAL BETWO	
PAKI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) TP/	VREALIZ-	ec 1	16+145+K	PSis		ONSET AND DE	AIR
1153		10 0	24212 (81)	min	2000 08	(Valant		2/11	
Conditions, if on	nte couse (n)	(b) T/UE	SIND CHAIR	CINI	OWA US	COLON		Lyps,	
stoting the und		10							
lost.	,	(c)						Lia wise wize	PCV.
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH/BUT NOT R	ELATED 10-1	DRON VC	ONDITION GIVEN IN PART 1(0)		19. WAS AUTO PERFORME YES	NO [
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED. (Enter noture of injury in	Port I or Port II of item 18.)			
Hour o	JJURY Month, Doy, Yeor J.m. 19	20d. IN While of work	Not While of work		E OF INJURY (Home, for ory, street, office bldg., etc		(Count	y) (S	Stote)
21. I cert	tify that (I) (this ho	spital) attend	led the decease	d fram		1950, to HANC	1/, 194/	, that (I) to	re) las
	deceased alive an_	Anne	1941	, and that	death accurred a	7 13M, Fram cause	s and on the	date stated	abave
22o. SIGNATUR	15amis	Eh	hite	M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE	SIGNED 19.19	967.
22c. PHYSICHAN NAME (Typ					22d. ADDRESS				
тампе (Түр	James					arford road			
230. BURIAL, CREMAT	TION, 23b. DATE TH		23c. NAME OF CE	METERY OR O	REMATORY	23d. LOCATION (City or	Town) (Co	ounty) (Sto	ote)
Buria		/67	North	book			Pa.		
24. FUNERAL DIRECT		- 20	ADDRESS				REGISTRAR'S SIGN		
C.F.E	VANS & SOI	V 8802	Harford	d roa	U BIAD DATE	N 2 1 1967 /	- Contract	100	14.1

HANGE OF BRADE

Mer Visit Line Line

Afternation and

Mir College I Live white

and a stripped to otto

Sent 25 IREC - 1997 | Total

Pre-figi2

The state of the s

al tope to whome and the con-

a Carlo Salari

SMITH CARE MEDICAL CONTRACTOR

The Market Contract

but noted to

Constitution of the second of

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	PLACE OF DEATH D. COUNTY						(Where deceased lived,		Residence be	fare admission)
(B. COUNTY	altimore			MARYLAND	a. STATE Ma	ryland	b. COUNTY	- Continues	
ŀ	b. CITY OR TOWN (f autside carparate limit give nearest town)	ts,	c. LENGTH OF S	STAY IN 1b	c. CITY OR TOWN (If o	utside carparate limits,	write RURAL	ond give nec	rest town)
				10 y	rears	Ba	ltimore			2011
(d. NAME OF HOSPIT	ALEOR INSTITUTION (If n	at in hospital,	give street oddres	s)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	D-	7 (1.1.	17			61	9 Mt. Holly	St.		YES NO
3. [MAINE OF	ewood State	irst Hospa	Middl	e	Last	4. DATE	Manth	1	ay Year
1	DECEASED (Type ar print)	Cat	herine	-		SCOTT	OF DEATH	6		L 19 67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MA	RRIED X	8. DATE OF BIRTH	9. AGE (In		F UNDER 1 YEA	R IF UNDER 24 HRS
	Female	Negro	WIDOWED	DIV	ORCED	Dec. 28, 1	941 last birt	yrs.	lonths Day	s Hours Min.
	USUAL OCCUPATION	(Give kind of wark done		KIND OF BUSINESS	OR	11. BIRTHPLACE (State	or fareign cauntry)	37	12. CITIZEN COUNTR	
	1	none		====				-4	US	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			
	Raymond						Louise			
		R IN U.S. ARMED FORCES? ((If yes give war ar dates)		SOCIAL SECURITY	NO. 17.	INFORMANT		Address		
,	No		1			Rosewood R	ecords, Ow:	ingsMi	lls, l	/id.
		ATH (Enter anly ane car	use per line fo	or (a), (b), and (c).)						INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Asr	ohyxia du		spiration o	f food.			ONSET AND DEATH
	921	7 IMMEDIATE CAUSE DUE	TO			spiration o	f food.			ONSET AND DEATH
	921 Conditions, if only,	7 DUE	10 Epi	lepsy,		spiration o	f food.			ONSET AND DEATH
	Q21 Conditions, if ony, rise ta immediat stoting the under	7 DUE which gove e cause (a),	(b) Epi	lepsy,	e to a		f food.			ONSET AND DEATH
	Conditions, if ony, rise to immediat stoting the under last.	7 DUE which gove e cause (a), lying couse	(b) Epi TO Bli	lepsy, ndness vere ment	e to a	ardation.				ONSET AND DEATH
NO	Conditions, if ony, rise to immediat stoting the under last.	7 DUE which gove e cause (a), lying couse	(b) Epi TO Bli	lepsy, ndness vere ment	e to a			1(a)		ONSET AND DEATH
CATION	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI	MMEDIATE CAUSE DUE which gove e cause (a), lying couse GNIFICANT CONDITIONS ((b) Epi 10 BLi (c) Sev	Llepsy, Indness Were ment	al ret	ardation. THE TERMINAL DISEASE CO	INDITION GIVEN IN PART			ONSET AND DEATH O-minute
RITHICATION	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA	AMMEDIATE CAUSE DUE which gove e cause (a), lying couse GNIFICANT CONDITIONS CO See above USE WAS	(b) Epi 10 BLi (c) Sev	Llepsy, Indness Vere ment TO DEATH BUT NO	al retain TRELATED TO	ardation. THE TERMINAL DISEASE CO	INDITION GIVEN IN PART			ONSET AND DEATH O-minute 19. WAS AUTOPSY PERFORMED?
AL CERTIFICATION	Conditions, if ony, rise ta immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY TO CAUSE OF DEATH.	MMEDIATE CAUSE Which gove e cause (a), Ilying couse GNIFICANT CONDITIONS (CAUSE WAS) VTRIBUTING □	(c) Epi (b) Epi (c) Sev CONTRIBUTING	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W	al retained to revolute to an area of related to retain a	ardation. THE TERMINAL DISEASE CO (Enter nature of injury in eing fed.	NDITION GIVEN IN PART	n 1B.)		ONSET AND DEATH O-minute 19. WAS AUTOPSY PERFORMED? YES NO
	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY TO COL CAUSE OF DEATH. 2Dc. TIME OF INJU	which gove cause (a), (lying couse See above USE WAS US	(c) Sev	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked w	al retail	ardation. THE TERMINAL DISEASE CO (Enter nature of injury in eing fed. CE OF INJURY (Home, for	Part I ar Part II of iten	1 1B.)	(Caunty)	ONSET AND DEATH O-minute 19. WAS AUTOPSY PERFORMED?
	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY STOCAUSE OF DEATH. 2Dc. TIME OF INJU. 12:15 p.n	MMEDIATE CAUSE DUE which gove e cause (a), lying couse GNIFICANT CONDITIONS (CAUSE WAS VIRIBUTING □ IRY Manth, Day, Year 1 19	(c) Epi (c) Sev (ontributing) 20b. C	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W INJURY OCCURRED Not While ork of wark	cal ret	erdation. THE TERMINAL DISEASE CO (Enter nature of injury in eing fed. CE OF INJURY (Home, far pay, street, office bldg, etc.)	Part I ar Part II of iten m, 2Df. (City or Rosewa	1 1B.)	(Caunty)	ONSET AND DEATH O-minute 19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY STOCAUSE OF DEATH. 2Dc. TIME OF INJU. 12:15 p.n	MMEDIATE CAUSE DUE which gove e cause (a), lying couse GNIFICANT CONDITIONS (CAUSE WAS VIRIBUTING □ IRY Manth, Day, Year 1 19	(c) Epi (c) Sev (ontributing) 20b. C	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W INJURY OCCURRED Not While ork of wark	cal ret	ardation. THE TERMINAL DISEASE CO (Enter nature of injury in eing fed. CE OF INJURY (Home, for	Part I ar Part II of iten m, 2Df. (City or Rosewa	town)	(Caunty)	ONSET AND DEATH O-minute 19. WAS AUTOPSY PERFORMED? YES \(\) NO \(\)
	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY STOCAUSE OF DEATH. 2Dc. TIME OF INJU. 12:15 p.n	which gove cause (a), (lying couse See above USE WAS	(c) Epi (c) Sev (contributing 20b. Contributing	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W INJURY OCCURRED Not While ork of wark	cal retained TO RELATED TO RRY OCCURRED. Thile be done, he do doove, he	erdation. THE TERMINAL DISEASE CO (Enter nature of injury in eing fed. CE OF INJURY (Home, far pay, street, office bldg, etc.)	Part I ar Part II of iten m. 2Df. (City or) Rosewood Company Compan	town) ood Ho sMills	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State)
	Conditions, if ony, rise to immediat stoting the under last. PART II. OTHER SI 2Da. EXTERNAL CAUSE OF DEATH. 2Dc. TIME OF INJU. 12:15 p.n. 21. I certification in the condition of the condi	which gove cause (a), (lying couse See above USE WAS	(c) Epi (c) Sev (contributing 20b. Contributing	Llepsy, Indness Tere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked w INJURY OCCURRED le Not While at wark emains describe	cal retained TO RELATED TO RRY OCCURRED. Thile be done, he do doove, he	Enter nature of injury in eing fed. (Enter nature of injury in eing fed. (E OF INJURY (Home, far injury, street, office bldg., etc.) (Ed an Autapsy],	Part I ar Part II of iten m. 2Df. (City or) Rosewo Inspectian	town) ood Ho sMills	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State) Alto Mandin my apinio
	Conditions, if ony, rise to immediat stoting the under last. PART III. OTHER SI 2Da. EXTERNAL CA PRIMARY TO COL CAUSE OF DEATH. 2Dc. TIME OF INJU 12:15 p.n.	which gove cause (a), (lying couse See above USE WAS	(c) Epi (c) Sev (contributing 20b. Contributing	Llepsy, Indness Tere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked w INJURY OCCURRED le Not While at wark emains describe	cal retained TO RELATED TO RRY OCCURRED. Thile be done, he do doove, he	Enter nature of injury in eing fed. CE OF INJURY (Home, for pry, street, office bldg., etc., wise Cottage) eld an Autapsy, ide, Homicide, ASSISTANT ME	Part I ar Part II of iten m. 2Df. (City or Rosewo Inspection 1.2 Undeterm LEXAMINER 1.2	town) ood Ho sMills	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State)
	Conditions, if ony, rise to immediat stoting the underlast. PART II. OTHER SI 2Da. EXTERNAL CA. PRIMARY IS OF DEATH. 2Dc. TIME OF INJU. 21. I certification of the condition	which gove e cause (a), elying couse See above USE WAS NTRIBUTING IRY Manth, Day, Year n. 6 1 19 y that I taak charg ed from: Nature	to (b) Epi (c) Sev (c)	Llepsy, Indness Tere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked w INJURY OCCURRED le Not While ark ark emains describe , Accident	cal retained TO RELATED TO RRY OCCURRED. Thile be done, he do doove, he	(Enter nature of injury in eing fed. CE OF INJURY (Home, for pry, street, office bldg, etc. Wise Cottage eld an Autapsy, ide, Homicide, ASSISTANT ME DEPUTY MEDICA	Part I ar Part II of iten m. 2Df. (City or Rosewo Inspection 1.2 E	n 18.) rown) rowd Ho sMills Inquiry ned moni	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State) Alto Min my apinio
MEDICAL	Conditions, if ony, rise ta immediate to the underlast. PART II. OTHER SI 2Da. EXTERNAL CA PRIMARY 13 or COI CAUSE OF DEATH. 2Dc. TIME OF INJUINATION P.	MMEDIATE CAUSE Which gove e cause (a), elying couse GNIFICANT CONDITIONS (CONDITIONS (CO	(c) Epi (TO BLI (TO BL	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W INJURY OCCURRED Le al wark emains describe , Accident	retaile to an all retails and	(Enter nature of injury in eing fed. CE OF INJURY (Home, far poy, street, affice bldg., etc., wise Cottage) eld an Autapsy, ride, Homicide, Homicide, ASSISTANT ME DEPUTY MEDIC Address (Street	Part I ar Part II of iten m. 2Df. (City or Rosewa Inspection 1	town) ood Ho sMills Inquiry ined moni	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State) alto. M nd in my apinio
MEDICAL	Conditions, if ony, rise to immediat stoting the underlast. PART II. OTHER SI 2Da. EXTERNAL CA. PRIMARY IS OF DEATH. 2Dc. TIME OF INJU. 21. I certification of the condition	MMEDIATE CAUSE which gove e cause (a), elying couse GNIFICANT CONDITIONS (CONDITIONS (C	(c) Epi (TO Epi (TO BLI (TO SEV (CONTRIBUTING 20b. CONTRIBUTING 20b. CONTRIBUTING 4 20d. Whill (A wa) (B of the real causes [(CONTRIBUTING A wa) (B of the real causes [(CONTRIBUTING	Llepsy, Indness Vere ment TO DEATH BUT NO DESCRIBE HOW INJU Choked W INJURY OCCURRED Le al wark emains describe , Accident	cal retained TO RELATED TO RRY OCCURRED. Thile be done, he do doove, he	(Enter nature of injury in eing fed. CE OF INJURY (Home, for pry, street, office bidg., etc., wide, homicide, Homicide, Homicide, ASSISTANT ME, DEPUTY MEDICA, AGRESS (Street CREMATORY)	Part I ar Part II of iten m, 2Df. (City or Rosewa Inspection 1) e	town) ood Ho sMills Inquiry ined moni	(Caunty)	19. WAS AUTOPSY PERFORMED? YES NO (State) alto. M nd in my apinio

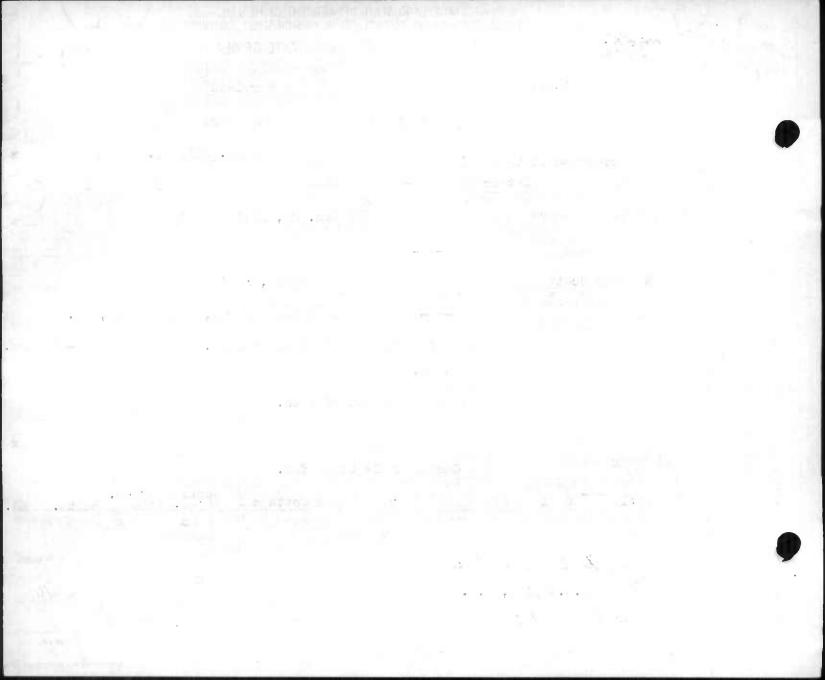
5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any eventuality 72 hours ofter death. in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form This certificate should be executed within 24 hours after death. It necessory, please execute the certificate, writing the word "pending" TO DEPUTY MEDICAL EXAMINER:

STATE DEPT

PM3. Pog delay ond 3

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	7	8	9	1	
---	---	---	---	---	--

CERTIFICATE OF DEATH

07274

									64 8	O.E.	2
	COUNTY Baltimore			MARYLAND	2. USUAL RESIDENCE o. STATE	(Where dece	eosed lived, if institut b. COUN		e befor	e odmissio	on)
Ь.	CITY OR TOWN (If out write RURAL and give			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	autside corpo	arate limits, write RUI	RAL and give	neares	t tawn)	
									03	./-	
	NAME OF HOSPITAL OF		t in hospitol, g	ive street oddress)	d. STREET ADDRESS	aker	Ave.			e. IS RESII ON A F. YES	DENCE ARM? NO
DE	AME OF ECEASED Ype or print)	Ethel		Middle Sebasovich	Lost	4. DATE OF DEAT	June	h 17	Day	Yes	^{or} 67
S. SE	F 6. (OLOR OR RACE	7. MARRIED WIDOWED	DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 6, 1	914	9. AGE (In years lost birthdoy) 53 yrs.	Months	YEAR Doys	Hours Hours	Min.
	ISUAL OCCUPATION (Give g most of working lite, e			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count		foreign country)		IZEN OF UNTRY?	WHAT	31
13. F.	ATHER'S NAME				14. MOTHER'S MAIDEN	I NAME					
	Late -	Charles	Bage			ithas		k			
IS. V (Yes,	WAS DECEASED EVER IN L no, or unknown) (If γe	J.S. ARMED FORCES? s give wor or dotes of	service)	OCIAL SECURITY NO. 17. 16-03-4221	Mr. Joseph 1128 Baker	Sebas	sovich Addre				
	18. CAUSE OF DEATH		e per line for	(o), (b), ond (c).)						ERVAL BET	
	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (o) Gld	eno las ei.	noma or	Car	rex		ON	SET AND D	DEATH
	171×	DÚE	TO	4 1	. 0			0		1 4	
	Conditions, if ony, which rise to immediate cou		b) en 1	ading va	good wi	all	and re	ratel	6	s m:	0
S	stating the underlying ast.	couse	10	ce "							
ATION	PART II. OTHER SIGNIFIC	CANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART 1(o)			WAS AUTO PERFORM	OPSY NED?
CERT	200. ACCIDENT WAS UND OR CONTRIBUTING CA IF EITHER, NOTIFY MEDIC	USE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in	Port I or P	Port II of item 18.)				
MEDICAL	20c. TIME OF INJURY / Hour o.m. p.m.	Month, Doy, Yeor	20d. IN While of work	Not While G	ACE OF INJURY (Home, for ctory, street, office bldg., et		(City or town)	(Cou	inty)		(Stote)
	21. I certify that (I) (this haspital) attended the deceased fram May 1, 1967, that (I) (we) lass saw the deceased glive an June 16, 1967, and that death accurred at 537 M, fram causes and an the date stated above										
	220. SIGNATURE RED. STAFF 226. DATE SIGNED 226										
	22c. PHYSICIAN'S NAME (Type)	Andres E	. Cala	S	22d. ADDRESS	l Fred	lerick Rd.				
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THE	REOF	23c. NAME OF CEMETERY OF Lorraine		23d.	LOCATION (City or To		(County) (S	itote)
	FUNERAL DIRECTOR	D /30	2 52	ADDRESS		D BY REGIS		GISTRAR'S SI	GNATUR	RE	
	witzke F.	D 410	L Edno:	ndson Ave.	DALU	V 20	1967 KC	carla	o ye	we	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician ond completely filled in by the director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after the state of the state VR A15 (4) 25M 1/67

20070

STATE OF THE REL

and many to the

beelgas 6

Late - Charles Capant Tomana communical State Communical Late Communical Late Communical Late Communical Commu

S. S.A. S. WATERS

the area Atlant we sale when a page

DESCRIPTION OF THE DESCRIPTION OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADD

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

22		0789	2			CERTIF	ICATE	OF	DEATH			07	875		
funeral and er death		PLACE OF DEATH O. COUNTY Be	ltimore			MAR	YLAND		TATE	Where dec	eosed lived, if institu b. COU		nce befar	e odmissi	an)
oges rrs aft		b. CITY OR TOWN (I write RURAL and	f outside corporate limit give pearest tawn) altimore	ts,	c. LE	NGTH OF STAY	IN 1b	c. (ITY			orote limits, write RL	IRAL ond giv	re neores	t town)	
in by ers. 1 2 hou			AL OR INSTITUTION (If n	ot in hospitol,	give str	reet address)			ET ADDRESS	ltimo				e. IS RESI	DENCE ARM?
2358	-		Hospital			AG: 1 II		3001			ue, 21234			YES	NO X
t, will		NAME OF DECEASED (Type or print)	CARME	irst CLA	M.	Middle	SFE	RRAZI	Lost LA	4. DATI	T		Doy	Ye 19	67
campil mave (co	1	SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED		NEVER MARRIED DIVORCE		B. DATE (OF BIRTH -11-99		9. AGE (In years last birthdoy) 68 yrs.	IF UNDER Manths	1 YEAR Doys	Haurs Haurs	R 24 HRS. Min.
ion and ase rer nd in a	10c dur	. USUAL OCCUPATION	(Give kind of work done		KIND OF INDUSTR	BUSINESS OR Y		11. 8IR	THPLACE (County	& Stote, or	foreign country)	12. C	U.S.	WHAT	
physici hen ple noval, a		FATHER'S NAME Angelo Di	Rosa	5 X	41,		W.		other's maiden Josephi		Rosa				
tending mit. Th	15. (Ye	WAS DECEASED EVE es, no pr unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16		SECURITY NO. 14-1395		NFORMA 1sba1	nī nd- Frai	nk J.	Add	ess ame	13		Siz.
physician. physician. physician and campletely filled in by the funeral burial-transit permit. Then please remave cabon papers. Pages I and 2 burial, crematian, ar removal, and in any event, within 72 hours after death.			ATH (Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE	(o) Car		o), ond (c).) omatosi	.5							ERVAL BET	
physician. signed by burial-trai		Conditions, if ony rise to immediat stating the unde	which gove) e couse (a),	(b) Ca	arci	noma of	cer	vix							
attending has been se as the h priar ta		last.	GNIFICANT CONDITIONS	(c)	TO DEA	TH PUT NOT PE	IATED TO	TUE TEDM	INAL DISEASE CO	NOITION C	IVEN IN PART 1(a)		19.	WAS AUT	OPSY
or after the has a calth pr	ATION		ephrosis, I									ase		PERFORN ES 🔀	NO [
Le fification of the second of	CERTIFICATION		UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. [ESCRIBE	HOW INJURY O	CCURRED.	(Enter na	ture of injury in	Port I or I	Part II of item 18.)				
this this detac	MEDICAL	20c. TIME OF INJI Hour o.r p.r	10	Whi		OCCURRED Not While of work			URY (Home, fari t, affice bldg., etc		(City or town)	(Co	ounty)		(Stote)
ned by to the State the State		21. I certi	fy that (I) (this ha			he deceased 19_67,	fram_ and tha	6-15 death	accurred at	3:55	n 6-19 M, fram causes	, 19 and an	57 , th	at (#) (e stated	we) la d abav
be retained DIRECTOR: A ge 3 shauld led with the		22o. SIGNATURE	home				m.). PHY		MED. DIRECTOR	STAFF PHYS. 5	22b. [6/19		
Page 4 may be r O FUNERAL DIRE director, page 3 shauld be filed v		22c. PHYSICIAN'S NAME (Type)			kbyn reth	burn.	-		ADDRESS S20 Yor		d, Baltin	**)4
Page 4 may To FUNERAL Edirector, page shauld be file	230	BURIAL, CREMATIO		EREOF	230	Holy Re	edeem	CREMATO er			tocation (City or T Baltimore				State)
VR A15 (4) 25M 1/67	2	Leonard	J. Ruck I	nc. 530	05 H	arford	Road		2So. REC	JN 2		egistrar's	-		Je.

\$68110 \$68110 \$168110 Se8110 선생님 사람들은 나는 사람들이 되었다면 하는 것이 되었다. configurations and the same and in class. 100 march - 1000 cold - 100 - 100 - 100 m TO STOLL OF THE STATE OF THE STATE OF Beat Henry Herring gramata vial Water has bueloud and some who have been

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affer death. Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF H	IEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
7202	CERTIFICATE OF DEATH	04040

		07893		CERT	IFICATE	OF DEATH	1	7876	
	1.	PLACE OF DEATH a. COUNTY	Baltin	rore	MARYLAND	2. USUAL RESIDENCE (N		b. COUNTY	esidence before admission)
		b. CITY OR TOWN	N (if outside corporate II and give nearest town)			c. CITY OR FOUN AF ONS	side corporate II	mits, write RURAL	and give nearest town)
0		d. NAME OF HOS	PITATION INSTITUTION (I	f not in hospital, give str	eet address)	d. STREET ADDRESS	nif	Rd	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME OF DECEASED (Type or print)	Oza	margare	4 5	haffer 4.	DATE OF DEATH	Month	Day Year 20 19 67
1	0	Fanale	White v		RRIED 8	DATE OF BIRTH	9. AGE (In	rthday) Honths yrs.	Days Hours Min.
	dur	ing most of worki	ION (Give kind of work doning life, even if retired)	e 10b. KIND OF BUSINES	SS OR	abui goen C.	Estate, or foreign	CO	DUNTRY?
	13.	FATHER'S NAM	lfred	Rosen 7	Cum	14. MOTHER'S MAIDEN I	NAME /	gr.	hust,
H			VER IN U.S. ARMED FORCE (If yes give war or dates of sen		DAI T	informant ug alu = lla	donne	Harman	erfuenstu med
			ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which Immediate ating the DUE TO	cerebral y	arkere	ascular of	seculli Liscu	les dues	INTERVAL BETWEEN ONSET AND DEATH Clay
3	CERTIFICATION					ED TO THE TERMINAL DISE			19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTION (IF EITHER, NDT	WAS UNDERLYING A NG CAUSE OF DEATH IFY MEDICAL EXAMINER			RRED. (Enter nature of Inju			
	MEDICAL	2Dc. TIME OF I Hour a.m p.n		While Not While at work		E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or	town) (Cou	(State)
		saw the dec 22a. SIGNATUR 22c. PHYSICIA	eased alive on 20	Hoes /	7	death occurred at ATTENDING MED. PHYS. MED. 1 22d. ADDRESS	M, from the country of the country o	22b. D	that (I) (we) last the date stated above. Are SIGNED Joune 19
1	23a	NAME (Ty	pe) WA21E	(EOF 23c. NAME (EES	Coche	1 Swel	(City, town or con	inty) (State)
)	24.	BURIA STE	clfy) 6/23/	2 GREEN ADDRES	VHOUN	TCEM,	GREEN	MOUNT 25b. REGISTRAR	'MD
/	1	lones G.	Saffely,	WESTMIN	STER	MO DATEN 2	2 1967	galande	Judge

Samuel and the same of the sam 1 CONTRACTOR STANDARD a second the state of the second of the second Aller and the will be a 212-245911 5 112-145911 5 I was the month of I go that I seem the second state of the se BURGIAL 6/23/67 BRITH WOUNT CEN, BRITHMANT, " MID

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affor death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

3

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
07894
CERTIFICATE OF DEATH

U 0 0 3 4 OERTHIN	DATE OF BEATH
1. PLACE OF DEATH a. COUNTY BALTIMORE. MARYL	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
A NAME OF HOODITAL OR HASTISTICAL III	BALTIMORE. 03.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ad	DN A FARM?
GREATER BALILMORE MEDICAL CENT	
3. NAME OF First Middle DECEASEO	Last 4. OATE Month Day Year
5. SEX 6. CDLDR DR RACE 7 MARRIED NEVER MARRIED	SHEARMAN. DEATH JUNE 14" 1967 8. DATE OF BIRTH 19. AGE (IN years IF UNDER 1 YEAR IF UNDER 24 HRS
7. WIDOWED DIVDRED	last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & page or foreign country) 12. CITIZEN OF WHAT COUNTRY?
KEG NURSE,	BALTIMORE. MARGLAND USA.
MARLON SHEARMAN.	14. MOTHER'S MAIDEN NAME LIGHT 10 NO YES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND.	17. INFORMANT MR. H. TREMER SHEADING IN PARK
(Yes, no, or unkown) (If yes give war or dates of service) 218-26-66/6	III. H. OKE MOTE GIZ FINCK
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adeno CARCIA	ONSET AND DEATH
1538 DUE TO	2 Yeaps
Cenditions, If any, which (b)	Bedge
gave rise to immediate (cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNO CONTRIBUTING TO DEAT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ND
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20 Hour a.m. While at work at work at work	factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fro	om 5. 31. , 1967, to 6. 16 , 1967, that (I) (we) las
	nd that death occurred at 4.20 P.M., from the causes and on the date stated above
22a. SIGNATURE M. Usha Kumari	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) M. USHA KUMAR	22d. ADDRESS 6701. N. CHARLES STREET. BALTEMORE MARYLAND.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEN	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Shapel Cem. Balto. Co. MD.
24. FUNERAL DIRECTOR Mitchell-Wiedefeld Home-6500 Yo	25a. REC'D BY REGISTRAR 25b. REGISTRARIS SIGNATURE

VR AI5 (4) 20M 1/65

မ . အမ .

BAGILMEE

MARSAND BALLINGS

BALTIMORE

CREATER BALTLYINGE MENING CONICE GRI. MURDOCK ROADS.

HETTY ADELE SHEARTAN JUNE 14"

× 5.5.94 73

BALTIMET MARKAND USA

15 days

MARLON SHERKMAN MOYES

218-21-6616

13. 41.9 69 18.5

M USH P RUMPILL GTOI M CHARLES STREET

ii 1 /17/17

3_1		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR ST	ATE	07895 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07878
()	DEPT.	PLACE OF DEATH a. COUNTY D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b) 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a start town). A TATE OCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).
necessa the fune 5 may	Departme after dea	write RURAL and give nearest town) Winutes, d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS. ON A FARM?
2000	nours a	12 T. 83. Plar risourg, 10) YES NO NO
any de 2, and PM3		NAME OF DECEASED (Type or print) ARDENESHEETZ Last 4. DATE Month Day Year OF DEATH OF DEA
ges form	M.E.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (M years lif UNDER 1/YEAR IIF UNDER 24 HRS lest birthday) WIDOWED DIVORCED 100 DIVORCED 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT
Giv	ges 1 and any event	0a. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT OUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hours tem 18 fice alc	File pages and in any	Arden Sheetz. Mildred Guinn.
thin 24 ncil in 1 ler's Of	permit. Fi removal, a	Yes, no, of whom) (If yes give war or dates of service) 198-36-3962 and Sheets Farrishing Par
uted win in per Examin	nsit pe , or rer	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) The transfer of the complete c
be exection of the section of the se	cremation, or	Conditions, If any, which gave rise to immediate (b)
ould I		cause (a), stating the DUE TO underlying cause last.
cate the the	used as to burial,	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
R: This certificate ate, writing the reforwarded to the	3 should be agent, prior to	20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Automobile which he was driving struck a bridge abutment
	d agent	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) Hour 5a.m. 6/24 19 67 at work at work at work A at work
EXAMINER: certificational per formula per	R: Page ignated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinio
. 8 75 4	0 %	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
2000	L DIRECT or its d	ACTUAL SIGNATURE (1.) M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU
DEPUTY lease ex rector.	FUNERAL Health o	EXAMINER'S NAME (Type) Address (Street, city, town, or county) Address (Street, city, town, or county)
TO DEPUTY please edirector.	TO FU	Burial, cremation, 23b. Date thereof 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (state) REMOVAL (Specify) June 27,1967 Shoop's Cemetery Wirrisburg, Dauphin Co, 1 a. ADDRESS 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A1		Lacof Hartenstein Mew Fireedorn, Par DATE JUN 2 8 1967 schooles Judge
0000	101	

133 11 20 x 32 1 18 1 BOX CALL CONTROL OF THE SECOND Describer Trespht Harrisons To And the second of the second o

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	07896			CERTII	ICATE	OF DEATH			078	79	
	PLACE OF DEATH o. COUNTY	BALTIMORE		MAR	YLAND	2. USUAL RESIDENCE (V	Where deceo	sed lived, if institu b. COU		before od	mission)
	b. CITY OR TOWN (I	f outside corporate limit give nearest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If ou	tside corpore	ote limits, write RL	JRAL ond give	neorest to	wn)
	FORT HO			8 DAYS		BALTI	MORE	- 21223		30.	4
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in haspital,	give street oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
	VETERAL	NS ADMINIST	RATION	HOSPITAL		41 S. STRI	CKER	STREET		YES	□ NO X
	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE OF	Mor		Doy	Year
-	(Type or print)		HARD	W.		SHIPLEY	DEATH			8	19 67
S.		6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		B. DATE OF BIRTH		AGE (In years lost birthdoy)	Months		JNDER 24 HRS.
	ALE	WHITE	WIDOWED	DIVORCE	DX	SEPT. 1, 19		113.			
	ing most of working	(Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& Stote, or fo	reign country)		ZEN OF WH NTRY?	IAT
13	MACHINE	OPERATOR	PA	INT SHOP		14. MOTHER'S MAIDEN			U.S	.A.	
13.		ELL SHIPLEY				MAUDIT		LIPS			
15. (Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war at dates o	of service)	SOCIAL SECURITY NO. 217 10 195	17. 1	NFORMANTILID SI	nipley	-212 5 ^{ddd}	Strick	or S OWARI	t. MD.
~	Conditions, if ony, nse to immediate stating the under last. PART II. OTHER SIG	e couse (o), lying couse	(b) UN.	DETERMINET		PLASM WITH V			PASTASE	19. WAS	NKNOWN S AUTOPSY
TIFICATIO	20o. ACCIDENT WAS OR CONTRIBUTING		20b. DE	SCRIBE HOW INJURY C	CCURRED.	Enter noture of injury in I	Port I or Par	t II of item 18.)		YES 2	FORMED?
CER	(IF EITHER, NOTIFY										
MEOICAL	2Dc. TIME OF INJU Hour 'o.m p.m	10	20d. II While ot wor			CE OF INJURY (Home, form pry, street, office bldg., etc.)		(City or town)	(Cour	ity)	(Stote)
		y that (DK(this has ceased alloe an	6/8/67	ded the deceased	fram 5, and that	death accurred at	9:15AN	a 6/8/67 1, fram causes	and an the	date st	(4) (we) last ated abave.
	22c. PHYSICIAN'S	Taken)	/	·au_	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DAT	8/67	
	NAME (Type)	PETER V	. JUVA	N, M. D.		The second secon	HOWAF	RD, MARYI	LAND		
230	BURIAL, CREMATIO			23c. NAME OF CEM	ETERY OR (REMATORY.	23d. LO	CATION (City or To	il lawe		
	BURLAL	6/12/	67	BALTIMOR	RE NA	PIONAL.	1000000	LITIMORE		AND	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

AND SELECTION OF THE PROPERTY.

AS34

GEALTRAN 149

8 DAYS - WINTYONG - STATE

VINTEAUS AT ANY SET MARY PART OF TAXONERS SEED OF THE SEED OF TAXONERS SEE

AND STATE OF A STATE O

ALM SIRE L. THE YEAR OF THE STREET, L. T. SIRE ALM

ACCULT TOWNS AND STORY THAT THE PROPERTY OF TH

STATIST REGULAR --

AND THE STORY OF T TO DESCRIPTION OF THE PROPERTY
THE SALE CONTRACTOR OF THE SECOND CONTRACTOR SECOND CONTRACTOR CON

MERITA T. JUNEAU, M. S. S. VALL FORM ASKARD, MARYLAND

F/E2/87 BALLTHERM MALKON INCLEDEN

LOGATO LE CLIEVIE SES. CALEGRAS, CO.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07897

CERTIFICATE OF DEATH

07880

1/1					CLKIIII	CAIL OF DEA			1127	30U
語り	1.	PLACE OF DEATH				2. USUAL RESI	IDENCE (Where dec	eosed lived, if institu	ution: Residence b	efore odmission)
after o		o. COUNTY	altimore		MARYLA	o. STATE	Maryland	b. CO	UNTY	
		b. CITY OR TOWN	If autside carparate lim	its,	c. LENGTH OF STAY IN			orote limits, write R	URAL ond give ne	orest town)
			d give nearest tawn)						-	1.11
	-	d NAME OF HOSPI	AL OR INSTITUTION (IF	not in hospital a	ive street oddress)	Baltin		21.206	3	e IS RESIDENCE
5	2				ive sireer educessy			ATTO # 6		e IS RESIDENCE ON A FARM?
~			h's Hospit				nesmont a			YES NO
	3	NAME OF DECEASED		First	Middle	Lost	4. DAT			Doy Year
	-	(Type or print)	Howa	_	D.	Simmons	DEA			22 1967
	2	Male	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	Months Do	
	L			WIDOWED	DIVORCED	☐ May 10,		66 yrs.		
	1(o. USUAL OCCUPATIO uring most of working	(Give kind of work don	e 10b. KII	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE	E (County & Stote, or	r foreign country)	12. CITIZEN	N OF WHAT
		Retired	Foreman		& Electric	Co. North	Caroli	na	Ü.	S.A.
	1	3. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME			
		Lon Sim	nons			Mary	?			
	1	S. WAS DECEASED EV	R IN U.S. ARMED FORCES (If yes give wor or dates	? 16. 9	OCIAL SECURITY NO.	17. INFORMANT		Add	Iress	
	1,	res, no, or bliknowil)	It i yes give wor or dates	212-	05-7463 A	Clara Mar	v Simmon	s, dght.	above.	
	F		EATH (Enter only one co							INTERVAL BETWEEN
		PART I. DEA	TH WAS CAUSED BY:	E (a) Brone	chogenic Ca	rcinoma				ONSET AND DEATH
	+	162	/	IE TD						
		Conditions, if on	, which gove	(b) Meta	astasis					
		rise to immedio		IE TO						
		last.)	(c)						
	1	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	SEASE CONDITION G	GIVEN IN PART 1(o)	9 (40)	19. WAS AUTOPSY PERFORMED?
3	CEPTIFICATION									YES NO X
	IFIC	20o. ACCIDENT WA		20b. DES	SCRIBE HOW INJURY OCC	URRED. (Enter noture of i	injury in Port I or	Port II of item 18.)		
	E GE	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF IN	JRY Month, Day, Yeor	20d. IN	JURY OCCURRED 2	Oe. PLACE OF INJURY (Ho		f. (City or town)	(County)	(Stote)
	MFD	Hour'o.	7.0	While of work	Not While of work	factory, street, office b	bldg., etc.)			
					led the deceased fr	om May 10	19 67	to June	22 19 67	? that (I) (we) la
		saw the d	eceased alive an	June 22	19 67 . an	d that death accur	red at3:45	AM, fram causes	and an the	date stated abov
		220. SIGNATURE							22b. DATE S	
		Fr:d	ipovojel.	Vithor	over	M.D. PHYS	MED.	STAFF PHYS.	June	22, 1967
		22c. PHYSICIAN'S				22d. ADDR				
1		NAME (Type	Pridipong	se Vithe	espongse	7620	York Rd.	. Towson	. 21204	
/	2	30. BURIAL, CREMAII	ON, 23b. DATE T		23c. NAME OF CEMETE			LOCATION (City or T		unty) (Stote)
0		BUTTALSpecif	6/26/			of Faith Cen		Balto.,	,	EULITE
1	-	24. FUNERAL DIRECTO					So. REC'D BY REG		REGISTRAR'S SIGNA	ATURE
1			3331 Br	ek Fune	ral Home ne #13	n	DATE JUN 2	6 1967	Mcharle	o Judge
							UUIT W	U IVIUS	IF.	V 0 0

Karata Inggara the said the said to be a superior of the said to the streets within comment that the street which about

And the second of the second o

remove carbon papers. Pages I in any event, within 72 hours after

and completely filled remove carbon papers

executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N OF STATISTIC	AL RES	EARCH AND RECO				EET, BALT	IMO	RE 1, N	IARYL	AND	
	0782	0		CERTIFICA	ATE	OF DEATH				781	12		
1.	PLACE OF DEATH a. COUNTY Bal	timore		MARYLAN		2. USUAL RESIDENC a. STATE Mary	E (Where		, If Inst	TY	tesidence imor		dmIssion)
	b. CITY OR TOW write RURAL Edg	N (if outside corporat and give nearest town cemere	e limits, n)	c. LENGTH OF STAY IN 8 Months	1b	c. CITY OR TOWN (If Edges	outside	corporate Ilm	its, wri		and glv	o neare:	st town)
		spital or institution gemere Aver		hospital, give street addre	- 11	d. STREET ADDRESS 2619 Edgeme	ere A	venue				ON A	IDENCE FARM? NO 🔼
	NAME DF DECEASED (Type or print)	Fir Rober		Middle F.		Lee Jr.	4. DA OF DE	ATH J	Month une		Day	Ye.	7
Ma	sex ale	White	7. MARRIE WIDOWE	Senerated	8.	1/19/16		9. AGE (In last birt	years hday) yrs.		Days	Hours	Min.
A	ttendant	ION (Give kind of work oing life, even if retired in Hospital		. KIND OF BUSINESS OR INDUSTRY HOSPITAL		South Card	olina		country)	C	DUNTRY S. A	?	
13	Robert F	Lee Sr.				Maggie							
		EVER IN U.S. ARMED FO (If yes give war or dates of	service)			· Louise Mo				dgem gemer			
		DEATH [Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE	9	Ajne for (a), (b), and (o).]	lé	v					ONS	T AND	TWEEN DEATH
	Cenditions, if gava risa to causa (a), si	Immediate ((b)	Elmonom	Y	engsh	zeo	ne	N. S		10	191	15.
CERTIFICATION	PART II. OTHER S		(c) NS <u>CONTRI</u>	IBUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE	CONDITIONGIV	/EN IN I	PART 1(a)	19. YES	WAS AL PERFOR	
	OR CONTRIBUTI	WAS UNDERLYING DING CAUSE OF DEAT TIFY MEDICAL EXAMIN	H ER)	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	Injury I	n Part I or Pa	rt II of	f Item 18	.)		
CAL	20c. TIME OF	INJURY Month, Day,	ear 20d			E OF INJURY (Home, far		f. (City or to	wn)	(Co	unty)	(State)

Not While at work

21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. MED.
DIRECTOR STAFF PHYS. ADDRESS

PHYSICIAN'S NAME (Type) John V. Conway

23b.

DATE THEREOF

6/17/67

22d. D. NAME OF CEMETERY OR CREMATORY

M.D.

23d. LOCATION (City, town or county)

St. Sparrows Point, Md. 21219

(State)

24. FUNERAL DIRECTOR John J. Duda 7922 Wise Ave. Dundalk, Md.

BURIAL, CREMATION, REMOVAL (Specify)

Oak Lawn Cemetery ADDRESS

Baltimore, Maryland REC'D BY REGISTRAR 256, REGIS REGISTRAR'S SIGNATURE

VR AI5 (4) 20M I/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician

Page 4 may be retained by the hospital or attending physician.

director, page 3 should be detached for use as the burial-transit permit. Then p should be filed with the State Dept. of Health prior to burial, cremation, or removal,

ATTENDING PHYSICIAN: The law requires that the death certificate be

anostolia Sarlyra Barlyra STUCKE R Branch (Bra adde Edemoure Cynamo mul ganteen by annual Olica. J redol 9.00 aultors (tip) vaccard areasts and soil and dropol (notified the same and a sale of the sale . Do . Dresser 226-21-8767 Tre, butter agrain; Salt magnetic nve. WELLS the three awares to find the same against I min-

the distance over age aver and the

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		97890		CERTIFICA	TE OF DEATH		07882
		PLACE OF DEATH o. COUNTY BALT	0.	MARYLAND	a. STATE 75	(Where deceased lived, if instit	utian: Residence before admission) UNTY AAD AALT
		/~ / In // / /	learest tawn ow A	c. LENGTH OF STAY IN 1b	()	outside corporate limits, write R	03.1
55	ľ	BALTO.	COUNT	ospiral, give street address) GENERAL 140.	SP. 45-16	DRESDEN :	ON A FARM? YES NO
	[NAME OF DECEASED (Type or print)	ISRAE	L SINSK	Lost	0.5	onth Day Year 9 19 6 7
)	5. 5	MALE	UHITE WI	ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH	,	Months Days Haurs Min.
1/		. USUAL OCCUPATION (Give ing most of warking life, eve		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	ATO B.	SINSKY		CACE (F)
	15. (Ye	WAS DECEASED EVER IN U.S. s, na, ar unknawn) (If yes	give war or dotes of servi	(e)			- SAME AT ABOUT
			MINEDINIE 0103E (0)	line far (o), (b), and (c).) ACUTE MY	DCARDIAL	INFARCTIO	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which rise to immediate caus stating the underlying	e (a), cause DUE TO				
2	ATION	PART II. OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury i	n Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Me Hour a.m. p.m.	onth, Doy, Year 19	20d. INJURY OCCURRED While Nat While at work at work 20e.	PLACE OF INJURY (Home, fo factory, street, affice bldg., et		(County) (State)
		21. I certify the		attended the deceased fran	that death accurred o		s and an the date stated above
		22a. SIGNATURE	yourn (Ellin / Juga	M.D. ATTENDING PHYS.	MED. DIRECTOR PHYS.	22b. DATE SIGNED 6 7
1		22c. PHYSICIAN'S NAME (Type)	MORTON	Y ELLIN	BA-CO	O. COUNTY	HOSP-
C	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY BN41 /SR	AEL	23d. LOCATION (City or BALTO.	Town) (County) (Stote)
N	24	SULVA	N S.he	Ewis & Son GAR			REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the Juneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any expert, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours Page 4 may be retained by the hospital or ottending physician.

THE RESERVE OF THE PERSON OF T Since the state of the Contract of the State FOR STATE HEALTH DEPT.

07000

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR ALSME 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07003

	0.2000
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admission) a. STATE b. COUNTY
Balto MARYLAND	a. STATE Md. b. COUNTY Balto
b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Randallstown	Randallstown 21133
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Bz 353, Marriottsville Rd.	Bx 353 Marriottsville Rd VES NO
3. NAME OF First Middle OECEASED	Last 4. OATE Month Day Yaar
- A 11	pper DEATH June 2 1967
	DATE OF BIRTH 19. AGE (In years LIFTINDER 1 YEAR LIFTINDER 24 HRS.
M WIDOWED DIVORCED F	last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foraign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) Carpenter INDUSTRY Construction	Roslyn, Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Skipper	Millie Rhodes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Add Randallstown, Md.
(Yes, no, or unkown) (If yes give war or dates of service) 217 01 5427 Jan	e S. Wilson, 3702 Laburman Drive, 21133
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	
PART I DEATH WAS CALLEED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Arteriosclerotic C-	-V Disease 4 yrs
4221 DUE TO	
Conditions, if any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
undarlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAL	YES NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DEATH. 20b. DESCRIBE HOW INJURY OCCU CAUSE OF DEATH. 1000 10	RREO. (Enter nature of Injury In Part I or Part II of Item 18.)
CAUSE OF DEATH. none none	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
none ₁₉ While Not While at work	7,54304,044,045,045,045,045,045,045,045,045,0
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection X, Inquiry X, and in my opinion
	cide , HomlcIde , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL DE COMMEN	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE 200 Supplies	DEPUTY MEDICAL EXAMINER X 6-5-67
NAME (Type) D. D. Caples, Md. Hanover Rd.	Address (Street, city, town, or county) Reisterstown, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) Wards Chapel	Cem. Balto. Co; Md.
24. FUNENTIAL TOR ADDRESS 211	33 25am BEDID BY REGISTRADY 25b. REGISTRADYS SIGNATURE
Loring Byers, 8728 Liberty Rd; Randallsto	WM, Md DATE JUN 6 1967 golarles Julige

re said former

coroint de lon

Kandall tour exclis-

bill all translaterations for all the statement and all the statem

responding to the factor

construction moltovateres

soficife official

TIT OF SHEET Telemonia withingon, STON Laborroan Brave, 221,73

"sametto V-D bit conformation and

ele- D. Carthay Standard . C.

burial dunc 5, 367 Nords Shapes Cem. tering by my Str Libert West Later 1350m, a

.nefetantenn, Ita.

June 2 en

+ :0 .02144

Baltimore

Doy

12. CITIZEN OF WHAT

USA

COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO IX

Year

1967

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

12 hours

19. WAS AUTOPS

(County)

22b. DATE SIGNED 6/7/67

(County)

DATE JUN 8/27 1967

PERFORMED?

(Stote)

(Stote)

12

within 24 hours after death. completely executed any eve requires that the deoth certificate be 0 ATTENDING PHYSICIAN: The law nos **DIRECTOR:** After director, page 3 should be filed v O HOSPITAL TO FUNERAL VR A15 (4) 25M 1/67

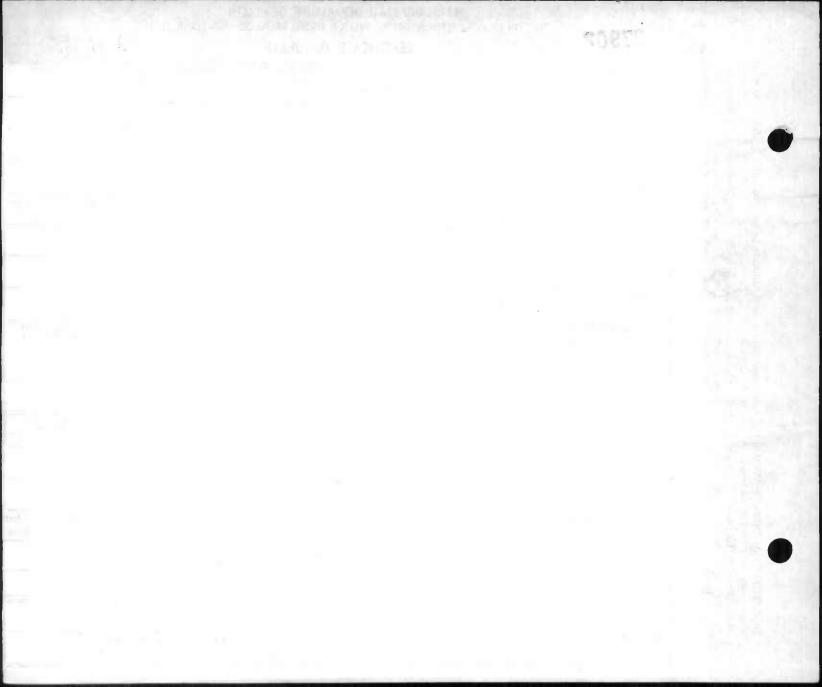
CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Marvland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) 12 hours Dunda1k Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS Greater Baltimore Medical Center 8204 GrayHaven Road NAME OF 4 DATE Month DECEASED (NMN) SKIPPER (Type or print) Lynrave DEATH June 9. AGE (In years last birthday) IF UNDER 1 YEAR S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED June 6, 1967 Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY Baltimore County, Md. 13. FATHER'S NAME Janie Rave Skipper Glenn William Bullock IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Dr. Pauline Lorvan, GBMC 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Respiratory distress IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove Prematurity rise to immediate couse (o), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram June 6, 19 67, to June 7, 1967, that (1) (we) last saw the deceased alive an June 7, 1967, and that death accurred at 11:27M, fram causes and an the date stated above. 22o. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN ENECKER NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) Greater Baltimore Med. Center - 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

GBMC

R. Breitenecker,

2002C 12 1 s 12 m - 17 THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH AME OF DECEASED ALBERT D. SLESIN 2. DATE AND HOUR OF DEATH death. ALBERT D. SLESINGER 24 hours after 4. USUAL RESIDENCE (Where deceased lived. Il institution; residence before admission) BALTIMORE COUNTY B. COUNTY FULL NAME OF (If not in hospital or institution, give street ion papers. Pag within 79 hours MARYLAND HOSPITAL OR oddress or location) CITY OR TOWN INSTITUTION (If outside city limits, write RURAL and give township) BALTIMORE BALTIMORE filled SUDBROOK COURT D. STREET ADDRESS within (If rurol, give location) BALTIMORE, MARYLAND letely SUDBROOK COURT. 6. RACE MARRIED. NEVER MARRIED 8. DATE OF RIRTH 9. AGE (In years executed If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy) Months Doys Hours MALE WHITE MARRIED 4-7-81 210A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF Edone during most of working life, even if retired) WHAT COUNTRY? pe sician please certificate 513. FATHER'S NAME 4. MOTHER'S MAIDEN NAME LOUIS SLESINGER BETTY MANDELBAUM 6. SOCIAL 17. INFORMANT death Yes, no or unknown) (If yes, give wor or dates of service) ADDRESS SECURITY NO. permit. thot the 18. CAUSE OF DEATH by the transit p INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY by LEADING TO DEATH signed l burial-(This does not mean the mode of dying, e.g., DUE TO heart foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.) peen the ANTECEDENT CAUSES as th DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the certificate UNDERLYING CONDITION lost. ATTENDING PHYSICIAN: for He be detached for 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE 22. I certify that (1) (this hospital) attended the deceased from **DIRECTOR:** After that (I) (we) lost saw the deceased alive on ond that in (my) (obe) opinion death accurred an the date and hour and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED 3 director, page M.D. Attending Med. Phys. Director HOSPITAL 23C. PHYSICIAN'S FUNERAL NAME (Type) ARK AVENUE. ALAN BERNSTEIN BALTIMORE. MARYLAND 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER REMOVAL (Specify) 0 VR A15 (4) 25A. DATE REC'D BY HEALTH DEPT. HOPKINS MEDICAL SCHOOL JUN 22



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH MEDICAL EXAMINER'S FOR STATE 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Page Thanh? e. STATE Baltimore Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) ō Dundalk Life Dundalk, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar y be retained vith the State after death. Youngstown lafe 68II Youngstown Avenue 3. NAME OF 4. DATE Middle Month OF DECEASED (Type or print) DEATH ANNA SLUNT AGE (In yeers | IF UNDER 1 YEAR ge 5 may be and 2 with 72 hours afte 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7. MARRIED X NEVER MARRIED 20 1920 last birthday) Months Nov Days WIDOWED DIVORCED Окафофия 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) ve Pages PM3. Pag Baltimore, Md USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fischer Cunnigunda Bernard Gunner WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) permit. with William Slunt 68II Youngsyown Avenue in frem INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ing" in pencil in the ser's Office along vis a burial-transit premoval, and in ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, geve rise to immediate cause "pending" Examiner's DUE TO (e), stating the underlying SE 50 cremation, o CERTIFICATION Word plnods 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS Ф PRIMARY OF CONTRIBUTING CAUSE OF DEATH Chief age 3 MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) the Chie 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) 0 While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 0 0 Accident Suicide Homicide Natural caus death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY

e. IS RESIDENCE

19

IF UNDER 24 HRS.

ON A FARM? YES NO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMBO? (Stete) and in my opinion please execute

4 should be forwarded to

FUNERAL DIRECTO

r its designated agent, pr DATE SIGNE NAME (Type) 20 Address (Street, city, town, or courty 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify) Q40 g 6-20-67 Sacred Heart of Jesus Baltimore, Maryland.

24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Burial 23. FUNERAL DIRECTOR Milaries 196 Walter Dabrowski 1005 Dundalk Avenue

VS. AISME SM 9/60

0

ovomlist _

ME GOOD AG

hit oronis inf

sumper compagned fill their average

herrare mustering trees

Sarjat "16-20-67 Spared Bourt of Jelius " Delthore, Maryland

funeral and 2 r death. 24 hours after death. Pages 1 ours effer TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in, director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou within executed pe The law requires that the death certificate O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O HOSPITAL

3.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 7904 CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ESSE Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? CARROLLWOOD 0. ST. 670 NO X DATE OF DEATH NAME DE First Middle Last Month Day Year DECEASED (Type or print) Daloy MALE INFANT. 1967 6 6. O'OLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED 52 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY?

		Md.	
1		4. MOTHER'S MAIOEN NAME	
	KENNETH EDWARD SMITH	MARJORIE L	-OU CROATO
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Addr	
10	(Yes, no, or unkown) (If yes give war or dates of service)		
=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
		ALINE MEMBRANE &	
1		HLINE TEMBRANE &	PISEPPE
L	7694 DUE TO TROUTE	P. T.	48 HRS
	Conditions, If any, which gave rise to immediate (b)	KIIT.	, , ,
	cause (a) stating the DUE ID	ATTO IN DIAGE	
1		ATERNAL BIABE	7G.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURR OR CONTRIBUTING 20JECT CONTR	D TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED?
S	1.CA		YES NO
RTIE	20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of Injury in Part I or Part II	of Item 18.)
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
CAL	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
0	While Mot while	street, office bldg., etc.)	
2	21. I certify that (I) (this hospital) attended the deceased from 6	- 22 - 10/7 - 6 - 21	4 = 20 17 Hat 10 (m) land
		eath occurred at 4 P.M. from the cause	
	22a. SIGNATURE	eath occurred at 2 2 m, from the cause	s and on the date stated above.
	/ W.L. an al dead to be deadle - A and	ATTENDING MED. STAFF PHYS.	1 2 / 7
	22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 22d. ADDRESS	7 01
	NAME (Type) E. K.S. NARAYANAN	INTERN GREATER	BALTO. MED. CTX
22	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF	R CREMATORY 23d. LOCATION (City.	town or county) (State)
, "	REMOVAL (Specify) 6/20/1/7/1000	Cen : Booton	County) (State)
1-2	24. FUNERAL DIRECTOR ADDRESS	Tourse .	REGISTRAR'S SIGNATURE
1			-1 - 0
	Walin & Connelly Sons, 300 macedor	2 DATE 10 1007 1007	Charles Judge

VR A15 (4) 1/65

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE SEMILETH SEMING WALLES LAND THE LEE CLOSENS The residence of the state of t A CALL CONTRACT OF THE SECOND
FOR STATE HEALTH DEPT

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any deloy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page

TO DEPUTY MEDICAL EXAMINER:

5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0790		MED	ICAL EXAMINI				- 4	7888	
b. CITY OR TOWN	timore (Du	ndalk)	21222 MARYLA	AND	o. STATE Maryla		b. (0U Ba	NTY 1timore	
Dunda	nd give nearest tawn)		42 years			k, Maryl		.222	03.1 Le IS RESIDENCE
Eastcrest	Swimming &	Boatin	ng Club Pie			Gray Pla	ce		ON A FARM? YES NO
3. NAME OF NC DECEASED (Type or print)	rth Boundar		Middle J.		lost EMITH	4. DATE OF DEATH	Ju		Day Year 1967 19
S. SEX	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED	8. D	-6-58	9.	AGE (In years last birthday)	Months (YEAR IF UNDER 24 HRS Days Hours Min.
	ON (Give kind of work dane g life, even if retired)		IND OF BUSINESS OR IDUSTRY			tate or foreign cau			ZEN OF WHAT NTRY? U.S.A.
13. FATHER'S NAME	.6		Notice	14	MOTHER'S MAID				Uabana
IS. WAS DECEASED E	William Sm /ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INFO	Juanit RMANT (Mot)	a Brewe	r Addr	ess	21222
NO	(If yes give war ar dates o		None			mith 16	45 Gray	Place	
Canditians, if and rise to immediate stoting the unit lost.	ate cause (a), lerlying cause	(a) TO (b) TO	1)Ro	wn	ug'				ONSET AND DEATH
PART II. OTHER	SIGNIFICANT CONDITIONS (4	1	ne				19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH	ONTRIBUTING 🗀	20Ь. О	THE HOW INJURY OCC		Deav				
图 X Moura	JURY Month, Day, Year		Not While	Oe. PLACE O	INJURY (Hame, treet, office bldg.,	form, 20f	(City or town)	un L	Devor My
	ify that I took charge		moins described obc					uiry 🚾	ond in my opinio
ACTUAL SIGNATURE	Ited from: Noture	Da	Accident back		CHIEF MED	ICAL EXAMINER [MEDICAL EXAMINER	determined n	nonner	22. DATE SIGNE
EXAMINER'S NAME (Type)	6800 Mornin	Davis gton R	oad Balto.	, Md.	21222s (S	DICAL EXAMINER treet, city, town, o	county)		June 12-67
230. BURIAL, CREMA REMOVAL (Spec Burial	10N, 23b. DATE THI 6-14-	REOF	Baltimore	RY OR CREA	nal Cem	23d. Loca	ATION (City or To Fredk A	ve. Ba	Caunty) (State)
John J.		Nise A	venue Balt	o. M	1111	REC'D BY REGISTRA N 1 5 196	67 Ju	EGISTRAR'S SIG	Judge

VR A15ME (5) 6M 1/67

21222

SUSIS PROMINERS DOMESTED SESSES (MISSELL) BYOU FIRE At years and also areas areas a Easterers Swinging & Boating Clob Fier 1th; Grey Pines PACE TO THE SECTION OF THE SECTION O e de l'iorian dominary: Road 81 editiv sisk - Nanferist entil Peorge Fillian Butth, Sr. Sumite Brown: 2122 . Hong - number that held they there halled 7'. -Tellia d. Lavis (300 Marcharton Road Halto., bu. 21222 Budget was above to a resident of the first to be the first to same. The course of the same of the course

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

07906	CERTIFICATE		TRE, MARTLAND 21201	7889
1. PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institut b. COUN	ion: Residence before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RUI	RAL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in Paradise Nursing Home	hospitol, give street oddress)	d. STREET ADDRESS 5556 Oak	land Rd.	e. IS RESIDENCE ON A FARM? YES \(\square\) NO (\textsquare\)
3. NAME OF First	M. Middle X Smith	Last	4. DATE Mont OF 6/	
S. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 5/4/83	9. AGE (In yeors lost birthday)	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	Balte	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Late Thomas J. C	Curran	14. MOTHER'S MAIDEN	Mary Hennley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of ser	vice) 16. SOCIAL SECURITY NO. 17. 217-48-0330T	INFORMANI Mr. Themas 1226 W. Cres	J. Smith Addre	255
18. CAUSE OF DEATH (Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		vfary T)1'S225E	INTERVAL BETWEEN ONSET AND DEATH
rise to immediate couse (o), storting the underlying couse lost. (c)	Diebitas 1.	hillstus.		5705-
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
NODE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 1B.)	
p.m. 17	While of work of work of or	ICE OF INJURY (Home, forn tory, street office bldg., etc.		(County) (Stote)
21. I certify that (1) (this haspita saw the deceased alive an		t death accurred at	9 ta God	and on the date stated above
220. SIGNATURE	2 Stoff M.		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 6/22/67
22c. PHYSICIAN'S NAME (Type) W. E. McG	rath, M. D.	22d. ADDRESS 1303 F 3	rederick Ave.	28 md
23o. BURIAL, CREMATION, REMBYAL (Specify) 23b. DATE THEREO 6/23/0		edral Cem.	23d. LOCATION (City or To Baltimor	
24. FUNERAL DIRECTOR Witzke F. D 4101	ADDRESS Edmondson Ave.	2So. REC'		GISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages—and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in bay event, within 72 haurs offer deaith. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

ALANG AS TAXIFIANT AND ASSOCIATION OF THE STATE OF THE ST

Percentage Structure Secretarian Comp. School Sections

Continue III Later III September 15 SAA/53

Houseville

Late Income I. Curtan

217-16-161 Total Treat 15.

Exercised for the forces

Sala Malling

evicinamental ISE, - . In francis

TO HOSPITA RATTENDING PHYSICIAN: The law requires that the death. Page 3 set the set of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within \$2 hours after death. VR A1S (4) 1SM 7/61

hin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 07890 07907

1. PLACE OF 1 a. COUNTY		Baltimore		ма	RYLAND	2. USUAL RESIDE	ryland	deceased lived, If b. COU		more	admission)
b. CITY OR TO write RUR	OWN (if RAL and p	outside corporate limit give nearest town)	's,	c. LENGTH OF	STAY IN 16	c. CITY OR TO	WN (If outside co	proporate limits, writ	e RURAL end give	nearest to	wn)
		Road	f not in hosp	itel, give street a	ddress)	d. STREET ADDR	un Roa	d	0	ON	RESIDENCE NA FARM?
3. NAME OF	dull	First		Middle		Last	4. DATE		th Da		
DECEASED (Type or print		ster M.	Isia		Smi		OF DEAT				67
S. SEX		6. COLOR OR RACE	7. MARRIED			January	10, 71	last birthday)	Months Days		Min.
done during mo	ing	DN (Give kind of work king life, even if retired	d) 10b. KIN	Land .	OR INDUSTR	11. BIRTHPLACE (County & State,			S.A.	
Am	05 5	Smith			F8 5-	Marv	Braxto	n			
15. WAS DECEA	SED EVE	IN U.S. ARMED FOR		OCIAL SECURITY	Y NO. 17. I			Addres	s		
no	own) (ir)	res give war or dates of se		0-56-01	133	Sister N	1. Magd	alen 7	01 Gun	Road	1
Conditions, gave rise to (a), stating cause last. PART II.	9/X if any, immedia the un-	le cause			EATH BUT NO	T RELATED TO THE TI	ERMINAL DISEAS		VEN IN PART 1(a)		AUTOPSY FORMED? NO
	BUTING [CAUSE OF DEATH	100. 0130	ALL HOW HOS	KT O CCORLD	(chief halare of hijor	,				
20c. TIME O	a.m.	Y Month, Day, Yea	while at work	Not While et work		CE OF INJURY (Home bry, street, office bldg		City or town)	(County)		(State)
saw the	decease	at (I) (this hospited alive on	1 <7	/	7 0	death occured	215	- /	and on the	date state	ed above
22a. SIGNA	ATURE	midio	nanco		м.		MED. DIRECTOR	STAFF PHYS.		22	SIGNED
22c. PHYSIC	(Type)	Emidio	A. a	Biance	3	335 335	O WIL	Kens K	trenue	212	229
23a. BURIAL, C REMOVAL (S	REMATIC Specify)	June 1	3/67	23c. NAME OF	CEMETERY	crematory develo	23d. 10	BARA,	own or county) MA		(State)
24 FUNERAL DI	RECTOR'S	Sucke	on 1	ADDRESS 12971	Cum	Pino ST DAT	HIM 1 C	1867	Clarly	ATURE	-

maromidis.

eromit Casa one Lytak

Thomas and 10% Stater N. Tetdore Smith Switch Negro 15 ,01 yanuar lance Theorem sewing none Howard County . Ed. Wary Britishin Amos Smith 220-52-0133 Slater M. Nagdwien 701 Chm Wood

I generally Till Ellenberthism. Belle

THE CALL ENGLISHED ALL STATE OF THE PORT O

FOR STATE DEPT

5 may be retained for your files. necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Health prior to burial, cremotion, or removal, and in any event within 72 hours ofter death.

01

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

o. (0	e of DEATH UNIY altimon	re		MARYLAND	o. STATE	(Where deceased lived, if in b.	stitutian: Residen COUNTY	ce befar	e admissia	n) /
		If autside carparate limit	ts	T c. LENGTH OF STAY IN 16		utside carparate limits, write	e PUPAL and give	negres	t tawn)	_
WI	rite RURAL and	give nearest town)	,	C CENTRAL OF STATE IN TO	Portsm		s Kokriz and give		2	
	RESULL ME DE HOSPIT	AL OR INSTITUTION (If n	at in haspital	nivo etroet address)	d. STREET ADDRESS	lodell		-	e. IS RESID	FNCF
		lson State				alb Avenue			ON A FA	RM?
3. NAMI			irst	Middle	Lost		Month	Day	Yeo	r
DECE/ Type	ASED or print)	Russ	sell H	MODERAN	Smith	OF DEATH Ju	ne	5,	19	67
S. SEX	ur printy	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year	rs IF UNDER	1 YEAR	IF UNDER	
Ma	ale	White	WIDOWED		12/9/1902	last birthda 64 y		Days	Haurs	Min.
		l (Give kind af wark dane life, even if retired)	10b. K	CIND OF BUSINESS OR	11. BIRTHPLACE (Stat			TIZEN OF UNTRY?	WHAT	
Co	intract	tor	C	ndustry onstruction	Alaba			USA		
13. FATH	HER'S NAME				14. MOTHER'S MAIDEN	NAME				
En	roch Sm	rith			Mary	Frances				
1S. WAS	S DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO.	17. INFORMANT		Address			
No		(it yes give wat at dates		Unknown	Gay Funeral	Home, Chesay	peake C	itu.	Va.	
	11221	IMMEDIATE CAUSE	(a)	.el loscicioti	c Cardiovascu	Tar Dracasc				
rise stati last.		, which gave e cause (a), elying cause	(b) E TO (c)					Lin	1945 41170	ADEV.
rise stati last.	ta immediating the under	, which gave e cause (a), elying cause	(b) E TO (c)	TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a	2)	19.	WAS AUTO PERFORME ES X	DPSY D? NO
rise stati	ta immediating the under	, which gave e cause (a), clying cause Gannel Ganne	(b)E TO (c)CONTRIBUTING		TO THE TERMINAL DISEASE CO			19. Y	WAS AUTO PERFORME ES [22]	DPSY D? NO
rise stati	ta immediating the under THE THE SHAPE SHAPE SHAPE THE SHAPE SHAPE SHAPE THE SHAPE SH	, which gave e cause (a), rlying cause SGNIFICANT CONDITIONS (CAUSE WAS INTRIBUTING SIDER CAUSE WAS INTRIBUTING SI	(b)E TOCONTRIBUTING	ESCRIBE HOW INJURY OCCURI		Part I ar Part II af item 18	.)	19. Y	PERFORME ES X	DPSY D? NO
MEDICAL CERTIFICATION Lise Stati	ta immediating the under EXTERNAL CA MARY OF COLOR Haur a.n p.n	, which gave e cause (a), clying cause SGNIFICANT CONDITIONS COURSE WAS NTRIBUTING SITE OF THE COURSE WAS NOT SITE OF THE	(b)E TO	ESCRIBE HOW INJURY OCCURION INJURY OCCURRED 20e Nati White at wark	RED. (Enter nature af injury in	Part I ar Part II af item 18 m, 20f. (City ar taw	.)	unty)	PERFORME ES X	D? NO
rise statis lost. PAR PAR CAU 2000. PAR CAU 2000.	ta immediating the under EXTERNAL CA MARY OF COLOR Haur a.n p.n	which gave e cause (a), rlying cause Gonficant Conditions (a) GNIFICANT CONDITIONS (a) USE WAS INTRIBUTING JRY Manth, Day, Year In. 19 y that I taak charg	(c) 20b. D 20d. While at wa	ESCRIBE HOW INJURY OCCURION INJURY OCCURRED 20e Rot Wark mains described abave	RED. (Enter nature af injury in PLACE OF INJURY (Hame, far factary, street, affice bldg., etc	Part I or Part II of item 18 m, 20f. (City or tow	n) (Cai	unty)	PERFORME ES X	D? NO
rise statis idst. PAR 200a. PAR CAU 200c. ACT	ta immediating the under EXTERNAL CA MARY are COI USE OF DEATH. Hour a.n p.n 21. I certifi death result	which gave e cause (a), rlying cause Gonficant Conditions (a) GNIFICANT CONDITIONS (a) USE WAS INTRIBUTING JRY Manth, Day, Year In. 19 y that I taak charg	(c) 20b. D 20d. While at wa	ESCRIBE HOW INJURY OCCURION INJURY OCCURRED 20e 20e 20 Nat While 20 at wark 20 mains described abave	PLACE OF INJURY (Hame, for factory, street, affice bldg., etc., held an Autopsy X, Suicide , Hamilton CHIEF MEDICA	Part I ar Part II af item 18 m, 20f. (City ar taw) Inspectian, e, Undetermine	n) (Cai	unty) and	PERFORME ES X	D? NO State)
PAR Statistics Statist	ta immediating the under EXTERNAL CA MARY ☐ or COI JSE OF DEATH. TIME OF INJU Haur a.n p.n 21. I certif- death result	which gave e cause (a), rlying cause Gonficant Conditions (a) GNIFICANT CONDITIONS (a) USE WAS INTRIBUTING JRY Manth, Day, Year In. 19 y that I taak charg	(b)	ESCRIBE HOW INJURY OCCURION INJURY OCCURRED Nat While at wark art and at wark art and a secribed abave Accident [],	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc., held an Autopsy X, Suicide , Hamicid CHIEF MEDICA M.D. ASSISTANT MEDICATION AND ASSISTANT MEDICATION ASSISTANT ASSI	Part I ar Part II of item 18 m, 20f. (City ar taw 1) Inspection , e , Undetermine	Inquiry, d manner	unty) and	PERFORME S X (S	D? NO State)
rise stati lost. PAR PAR 200. PRII CAUON ACT SIGI EXA NAI 230. BUILER REA	ta immediating the under ET II. OTHER SI EXTERNAL CA MARY ar COI JSE OF DEATH. TIME OF INJU Haur a.n p.n 21. I certify death result	which gave e cause (a), rlying cause Gantilons (a), rlying cause Gantilons (a), rlying cause Gantilons (a), gan	(c) 20b. D 20b. D 20d. While at wa ge of the re ral causes S - Spits	ESCRIBE HOW INJURY OCCURION INJURY OCCURRED a Nat While at wark mains described abave Accident, M. D. 23c. NAME OF CEMETERY	PLACE OF INJURY (Hame, far factory, street, affice bldg., etc., held an Autopsy X, Suicide , Hamicid CHIEF MEDICA DEPUTY MEDICA Address (Street)	Part I ar Part II af item 18 m, 20f. (City ar taw) Inspectian, e, Undetermine: L EXAMINER DICAL EXAMINER CAL EXAMINER et, city, town, ar county) 23d. LOCATION (City of	Inquiry , , d manner 6/	unty) and (Caunty	in my c	D? NO State)

VR A15ME (5) 6M 1/67

2

Sol Levinson & Bros. Inc., 6010 Reist.

TO DEPUTY MEDICAL EXAMINER:

The state of the s

07903

CERTIFICATE OF DEATH

1	•	prhet	1	0	0	
B	8	. /	61	1.1	2	
ä.	W.	4	10	Section 1	9	

	9.000									BONIE
1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea			befare odmissian)
	a. COUNTY	Baltimore			IARYLAND	o. STATE Man	vland	b. C0	YTAUC	
1		(If outside corporate limit	S,	c. LENGTH OF ST	c. CITY OR TOWN (If	17	ote limits, write	RURAL and give r	nearest tawn)	
1		d give nearest town)				Baltim				3011
H	Baltimo:	TAL OR INSTITUTION (If no	at in hospital a	ive street address)		d. STREET ADDRESS	01.6			l e. IS RESIDENCE
				ive street dadress)						ON A FARM?
		t Nursing				934 E.				YES NO
3.	NAME OF DECEASED		rst	Middle		Last	4. DATE OF	M	anth	Day Year
L	(Type or print)	Core	delia	Eng.	land	Sollers	DEATH	Ju	ne	16 19 6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED	B. DATE OF BIRTH		AGE (In years	Months C	YEAR IF UNDER 24 H
	F	W	WIDOWED	DIVO	RCED	7/19/188	7	hirthday)	. Months L	Doys Hours M
10	a. USUAL OCCUPATIO	N (Give kind of work dane		ND OF BUSINESS O	R	11. BIRTHPLACE (Coun		reign country)		EN OF WHAT
du	ring most of working	life, even if retired)	INI	DUSTRY		W	A Land		COUN	NTRY?
13	Housew:	TTG	0	wn Home	3	14. MOTHER'S MAIDE	ard C	ounty		U.S.A.
		D 700 3						0		
14	George	R. Englas	nd	OCIAL CECHDING N	0 117	Camsade	1 War		H	
		(If yes give war or dotes)	of service)	OCIAL SECURITY N					ldress	
Ĺ	No		215-	24-4501	IA BE	asil D. S	oller	s. 934	E. La	ke Ave.
	18. CAUSE OF D	EATH (Enter anly one can	use per line far	(a) (b) and (c).)		, /	. 1		//	INTERVAL BETWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	nu	mor	ria br	las	lower	rlote	ONSET AND DEATH
	410	DUE								
	Canditians, if any		(b)							
	rise to immedio		1 /							
	lost.	strying coose	(c)							
	PART II OTHER S	IGNIFICANT CONDITIONS (ONTRIBITING T	O DEATH RUT NOT	PELATED TO 1	THE TERMINAL DISEASE (UNDITION CIVI	EN IN PART 1/a)		19. WAS AUTOPSY
NO		TOTAL CONTINUES OF	A	S - DURING	A	THE TERMINAL DISERSE V		LIV III FAKT TO		PERFORMED?
3	20 1500	us ar	your	seus	V OCCUPANT) Ser	77	. 11 / 12 14 1		YES NO
L CERTIFICATION		S UNDERLYING LI G CAUSE OF DEATH ' MEDICAL EXAMINER)	ZUb. DES	CKIRE HOW INJUR	7 ULLUKKED.	(Enter nature af injury i	n Part I or Pai	π II at item 18.)		
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year		JURY OCCURRED		CE OF INJURY (Hame, fo		(City or town)	(Cauni	ty) (State
ME	Haur a.	m. m. 19	While of wark	Nat While at wark] tach	ary, street, affice bldg., e	(C.)			
		ify that (1) (this hos			ed from	6/4/	190/.1	0 6/1	5 18	that (I) (Ive)
		eceased alive an_				death accurred		A. from couse	es and an the	
	22g. SIGNATURE		1	111	,	1		,,	22b. (DAT)	
	1	1.1.	21. 3	Alisa	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	0/6/	18/19/5
	22c. PHYSICIAN'S	Juny 1	1 mil	pusi	7	22d. ADDRESS	DIRECTOR	TRID.	-10//	4/1/10/
	NAME (Type		ilip W	hittle	ey	600 W.	Belv	edere	Ave.	
23	a. BURIAL, CREMATI	ON, 23b. DATE TH	EREOF	23c. NAME OF	EMETERY OR	CREMATORY	23d. LC	CATION (City or	Tawn) (C	Caunty) (State)
	REMOVAL (Specific Burial	6/19/	1967	Englar	hd		Но	ward C	ounty.	Md.
12	A FLINEDAL DIDECTO	חס י		223900%	-	250. RE	C'D BY REGISTI		REGISTRAR'S SIG	NATURE
H	. W. Jer	ikins & So			York	Rd DATE	IN 1 G	1967	Charle	& Juoge
_			Balt	0. 12.	Md		HI LU	MAKE /	/	11

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR 25

The spirit was or upon to reflect to the conof and entropy to the first all factors with the first and called an east the first great the specific the garden and

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

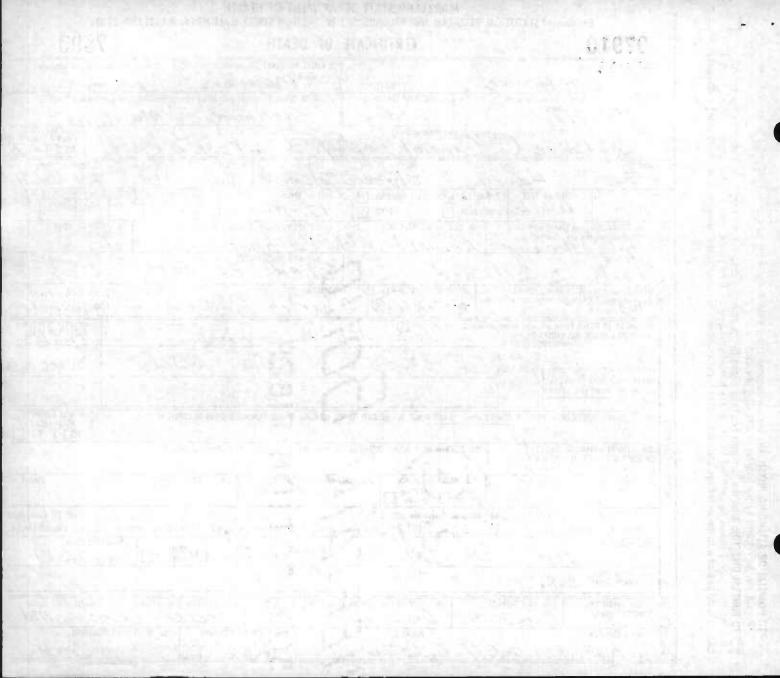
Division of Station	The state of the s
7910	CERTIFICATE OF DEATH
E OF DEATH	2. USUAL RESIDENC

07893

	-			
		PLACE OF DEATH D. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. STATE Prance (and b. COUNTY)	and the second
		MARYLAND OCITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give r	
		write PURAL and give nearest town)		leorest town)
		Randalistown 27 days.	Bartimore , Md.	I e. IS RESIDENCE
-6	C	H. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)	d STREET ADDRESS POSKIN Place	ON A FARM?
~		Saltimore Co. General Hapa		YES NO NO
		NAME OF First Middle DECEASED	Last 4. DATE Month	Doy Year
	(Type or print) Harry Shreeve	DEATH CO	2 4 19 6 7 YEAR IF UNDER 24 HRS.
	S. S	1034 F.		Doys Haurs Min.
/	- /	m White WIDOWED DIVORCED	12-11-1910 56 yrs.	THE OF WHAT
		USUAL OCCUPATION (Give kind of wark dane no state of warking life, even if retired) 10b. KIND OF BUSINESS OR NOUSTRY		EN OF WHAT
0	1	nimal atendant Grimal Hospital	Baltimore U.	5
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Ellen Reaver	
	(charles S. Solomon	CITCI	
	1S.	no or unknown) (Iff we give wer or dates of convice)		6 Dunhill
	(10	s, no, prunknown) (If yes give wor or dates at service) 70 5-10-6490 0	harles Revolution Ville	ageCricle.
		1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).)	1 . 1 . 0 1	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	s could frear the	ONSET AND DEATH
66		Conditions if any which gave) DUE TO Orteroschuly	Deant Orserse	YEARS
		Conditions, if any, which gave rise to immediate cause (a),	o gent munico	001965
		stating the underlying cause DUE TO		
		lost. (c)		I sa wis witness
,	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION			YES NO
	ZIF	206. ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)	A Section 1
	1	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	DICA		CE OF INJURY (Home, form, ory, street, office bldg., etc.) (Coun	ty) (Stote)
	WE	Haur a.m. While Not While p.m. 19 ot work ot wark	ory, sheet, once blug, etc.)	
		21. I certify that (I) (this hospital) attended the deceased fram_	3-29, 196/ta 6-24, 196	that (I) (we) lost
		saw the deceased olive on 19767 and tha	t deoth occurred at 700M, from causes and on the	
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DAT	E SIGNED
		Goding CI- Alton WI	D. PHYS. U DIRECTOR PHYS. U 6-	- 24-6/
,		22c. PHYSICIAN'S ANGECITA A TOPACID	ACTUAL .	
/		BICOUTH II TOTAL		(cumba) (Canan)
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	1 2 2	County) (State)
0	2	wind your so, 101 prints pur	2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	
	24	FUNERAL DIRECTOR ADDRESS ADDRESS	Silvery .	o. Oudas
	10	renor Desels 8728 streety Rd. Randalls leen 17	21/33 DATE JUN 27 1967 /Charl	The same of the sa

L and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after acoth. VR A15 (4) 20 M 1/60



MARYLAND STATE DEPARTMENT OF HEALTH

FOR STAT

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If

deloy is

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

079	11		MEDI	CAL EXAMINE	ER'S C	ERTIFICATE	OF DEAT	Н	078	94	
1. PLACE OF	DEATH					2. USUAL RESIDENCE	(Where decease			sefare adm	nissian)
a. COUNTY		Baltimo	ore	MARYLA	AND	o. STATE Ma	aryland	b. COU		ltimo	re
	TOWN (If outside		,	c. LENGTH OF STAY IN	1b	c. CITY OR TDWN (If	autside carporat	e limits, write RU	JRAL and give no	orest tow	n)
	Luther	ville "	OWSON !	1		L	uthervi	lle	0.	3.1	
d. NAME O	F HDSPITAL DR IN	ISTITUTIÓN' (If n	it in haspital, gi	ve street address)		d. STREET ADDRESS				e. IS F	RESIDENCE A FARM?
-83	St. Jo	seph Ho	spital	(D. O. A.)		RI	FD 1 B	ox 7		YES [
3. NAME OF DECEASED		Fi	rst	Middle		Last	4. DATE OF	Man	ith	Doy	Year
(Type or p			hn	L		peer III	DEATH		5		19 67
S. SEX	6. CDL	OR DR RACE	7. MARRIED		RET	DATE OF BIRTH	9.	AGE (In years last birthday)	Manths Do	AR IFUI	NDER 24 HRS.
M		W	WIDDWED [DIVDRCED		10/17/46		20 yrs.			
10a. USUAL DC during mast of	UPATION (Give ki warking life, eyer tuden t	nd af wark dane i if retired)		D DF BUSINESS DR USTRY		11. BİRTHPLACE (Stat Baltimor		**	12. CITIZE	N DE WHA	A .
13. FATHER'S						14. MDTHER'S MAIDEN	NAME	Th			
Ta	lbot T	Spee	r			Jane E	evan	runter.			
	ASED EVER IN U.S. knawn) (If yes g			2-46-321		albot T.	Spee	r Luth		e, l	Id.
Canditian rise to in stating t	s, if ony, which one diate cause underlying co	dive (a), Due	TO (b) TD (c)	nesi	19	A H	UN Y	nen	- \$	cHo	ND DEATH
NO PART II.	THER SIGNIFICAT	AT CONDITIONS C		DEATH BUT NOT RELAT						19. WAS PERFI YES	DRMED?
PRIMARY CAUSE DI	ERNAL CAUSE WAS OF CONTRIBUT DEATH. E OF INJURY Mai Hour carre	ING 🗆	Sti	Nat While	20e. PLACE	· · · · · · · · · · ·	rm, 20f.		dSide (County	12/6	(Sigle)
		1 took chora		oins described obo				on Ind	uiry 7,	and in a	my opinion
	resulted fro	A) 7	L couses	. Accident				ndetermined n		oriu iii i	, 00
ACTUAL SIGNATU	(DL	och	50	Wand	ell	CHIEF MEDICA				22/0	ATE SIGNED
EXAMIN NAME (1	r's Cha			nnell, M.		Address (Stre	CAL EXAMINER et, city, tawn,		0	114	37
23a. BURIAL, CI ON	(Specify)	23b. DATE TH		Greenmou			Ba	CATION (City or To .ltimor	е,	ounty)	(State) Md •
24. FUNERAL	DIRFTOR	ns & S	ons Cok Road	ADDRESS Balto.,	Md	2Sa. RE	IN 1 6		EGISTRAR'S SIGN		40)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0791	2		CERTIFICAT	E OF DEATH		07895			
PLACE OF DEATH O. COUNTY	BALTIMORE		MARYLAND	TTATE	Where deceased lived, if institution: b. COUNTY	Residence befare admission)			
write RURAL an	(If outside corporate limi d give nearest town) HOWARD		c. LENGTH OF STAY IN 16 10 DAYS	BAL	utside corporote limits, write RURAL c	30.4			
	TAL OR INSTITUTION (If n	, ,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	S ADMINIST			0 9-	DALE AVENUE	YES NO X			
3. NAME OF DECEASED (Type or print)	CHAI	irst R LES	Middle PREVOST	SPILMAN	4. DATE Month OF DEATH JUNE	30, Year			
S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/7/00		UNDER I YEAR IF UNDER 24 HRS. onths Days Haurs Min.			
during most af working CLERK	N (Give kind of wark done life, even if retired)	10b. KIND INDU	OF BUSINESS OR ISTRY	BAITIMOR	& State, ar foreign country) E MARYLAND	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME ROBERT	L. SPILMA	N		JULIE P	REVOST				
1S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war ar dates	of service) 16. SO	03 91 98 CL	Varren A.Sr INICAL RECOR	oilman-6100 Win D. VAH, FT. HOWA	dsor Mill Rd.			
	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) PULA), (b), and (c).) MONARY INFARO	CTION		INTERVAL BETWEEN ONSET WIR PEATH			
Conditions, if ony	Conditions, if ony, which gove rise to immediate cause (a), (b) CONGESTIVE HEART FAILURE								
last.)	(c) ARTI	ERIOSCLEROSI	S, SEVERE, G	ENERALIZED	YEARS			
PART II. OTHER S			DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?			
NEPHROSC	LEROSIS, CH					YES 🗶 NO			
(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY OCCURRED). (Enter nature af injury in	Part I ar Part II of item 18.)				
20c. TIME OF INJ Hour o. p.	10	20d. INJU While at work	Not While fo	LACE OF INJURY (Hame, for actory, street, affice bldg., etc.		(County) (State)			
21. I certi	ify that ≰) (this ha eceased alive an_	spiţal) aţtende	d the deceased fram_		19	, 19, that (f) (we) last an the date stated abave			
22o. SIGNATURE	Polar	3		A.D. ATTENDING PHYS.	MED. DIRECTOR PHYS.	22b. DATE SIGNED 6/30/67			
22c. PHYSICIAN'S NAME (Type	JORGE A	. FABARA	, M. D.	VAH FOR	T HOWARD, MARYLA	IND			
23a. BURIAL, CREMATI REMOVAL (Specify BURIA)	1)		23c. NAME OF CEMETERY O	R CREMATORY RAL CEMETERY	23d. LOCATION (City or Town) BALTIMORE	(County) (Stote) MARYIAND			
24. FUNERAL DIRECTO	amakos		ADDRESS FUNE	RAL NOME Cha		RAR'S SIGNATURE			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages J and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 houzartiel death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

SMINITERE

SIAN SIAN

TORREST I. SETIMAN

BACK TYCHE, MARYLAND U.S.A.

10 w23

VELENAS AUGUSTRATION HISPARIA 3300 FERRICALE AND THE

0/11

APPRATOSOLENOSES, SEVERE, GERENALIZADO

JUNES A. BREATH, M. D. VIN NEW BREATH, LAVIDAGE

ANALYSIS THE CARLEY THE CARLEY STATES THE CONTRACT OF THE CONT

side of legal of the deconsta ACCOUNTS NOT THE TOTAL STATE AVE. LANCE LODGE. TANK

CHARLES PHIVE 30, 18 30, 18 37

TROWN BLILL,

est of the common transfer of the common tran

	07913			CERTIFICAT	E OF I	DEATH			0.5	720	36	
	PLACE OF DEATH o. COUNTY Baltimore			MARYLAND	o. STA Mar	vland		d lived, if institut b. (OUI	YTY			on)
	b. CITY OR TOWN (1 write RURAL and	outside corporate limit give neorest town)	s,	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If out	side corporote	limits, write RU	RAL and give	nearest	town)	
	Towson			13 days		timore	212	34		30	4	
(d. NAME OF HOSPITA	L OR INSTITUTION (If n	ot in haspitol, g	give street oddress)		ADDRESS				6	ON A F	ARM?
		ph's Hospi				3 Harfo				1	(ES	NO 💂
	NAME OF DECEASED		rst	Middle		ost	4. DATE OF	Mont		Day	Yeo	
-	(Type or print)	Sam				gmann	DEATH	June		23	196	
	ale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF			AGE (In years last birthday)	Manths	Days	Hours Hours	Min.
a.	USUAL OCCUPATION	(Give kind dilegradone	10b. KI	ND OF BUSINESS OR		PLACE (County 8		gn country)		IZEN OF		
		red Electr	leian "	Sun Papers		shingto		3.	U.	S.A.		
}.	FATHER'S NAME					HER'S MAIDEN N						
		Samuel S				irginia	Keye:					
5. Ye	s, no, or unknown)	IN U.S. ARMED FORCES? (If yes give war ar dates	of service)		INFORMANT			Addre				
	no		21	3-03-2388A	Mrs.	Melvina	M. ST	ringmar	m	same		
200		which gave) couse (o),	(a) Cere	ebro-Vascular	Thromb	oosis				ONS	ET AND D	DEATH
	PART II. OTHER SIG	SNIFICANT CONDITIONS ((c)	TO DEATH BUT NOT RELATED TO	THE TERMINA	AL DISEASE CON	DITION GIVEN	IN PART 1(a)		19.	WAS AUTO	OPSY
2	TANDER!										PERFORM S	NO T
CENTILICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED	. (Enter natur	e of injury in P	art I ar Part i	l of item IB.)				
MEDICAL	Hour 'a.m p.m	. 19	While of wark	Nat While of wark	ctary, street, a	Y (Hame, farm, ffice bldg., etc.)		(City or tawn)	(Cau	ľ		Stote)
			pital) attend	ded the deceased fram_	June	10 , 19	67_, ta.	June 2	3 , 196	Z, the	ot (I) (v	we) last
	saw the deceased alive an June 23 19 67, and that death occurred atM, from causes and an the date stated a 226. SIGNATURE								abave.			
	Leodu	lo X Cea	mau	au x	I.D. PHYS.		MED. DIRECTOR [STAFF PHYS.	Jun	e 2	3, 19	967
	22c. PHYSICIAN'S NAME (Type)	Teodulo	aglina	uan, Jr.		ADDRESS 620 You	k Rd.	Towson,	2120	4, 1	id.	
23a	BURIAL, CREMATIO	N, 23b. DATE TH	EREOF	23c. NAME OF CEMETERY OF			23d. LOC/	ATION (City or To	wn)	(Caunty)	(5	tate)
	Burial (Specify)		7	Parkwood (em.		Ba	lte. Md				
24	FUNERAL DIRECTOR		35167	ADDRESS		2So. REC'D	BY REGISTRA	R 2Sb. RE		GNATUR	E	
	Leonard	J. Ruck In	a Bal	the Ma		DATE	.0 0	1967	Cheme	10.31	J. Andrewson	- No

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after bead

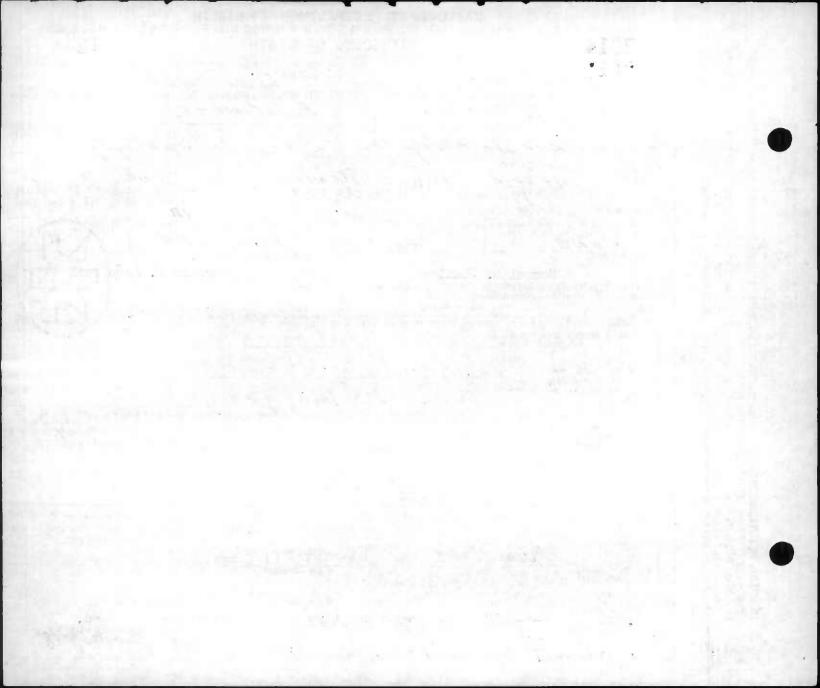
and the second second To the state were sinited to manage the seek Twodyle Vertaments, was . red booking [girm] Lecent L. Buck Lec. Bolto. Ed.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any vent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

VR AIS 20M I,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 07914 CERTIFICATE OF DEATH

1.	a. CDUNTY	BALTIMO	MARYLA	ND	2. USUAL RESIDENCE a. STATE		, If institution: R COUNTY	Residence before admission)
	write RURAL	VN (if outside corporate lim and give nearest town)				outside corporate limi	ts, write RURAL	end give nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION (IF	not in hospital, give street add	ress)	d. STREET ADDRESS			e. IS RESIDENCE
-	pring	11 11	ste Hospital		Tullerton	Baltimor	e Coon	ON A FARM? YES NO
3.	NAME DF DECEASED (Type or print)	Thenesn	Middle	5%	Last	4. DATE OF DEATH	Month UNE	Day Year 8 1967
5.	SEX	6. COLOR DR RACE 7. M	ARRIED NEVER MARRIED	21/8	B. DATE OF BIRTH	9. AGE (In)	years IF UNDER	1 YEAR IF UNDER 24 HRS.
7	enale	white wi	DOWED DIVORCED		Jugust 301		yrs.	Days Hours Min.
dur	ing most of work	TION (Give kind of work done ling life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & State, or foreign o		OUNTRY?
13	FATHER'S NAM	NE.	Home		MAR	RYLANG	• (V. S.A.
13.	FAIRER S NAM		Q1		14. MOTHER'S MAID	77	V V7	
15	WAS DESCRIPTION	Samuel D. EVER IN U.S. ARMED FORCES			MEDDIANT	Barbara l		rell
(Ye	es, no, or unkown)	(If yes give war or dates of services	(e)	1	INFORMANT		Address	1 , 4 1
	No		None	_	2 conds: S	BRNAROUE	STATE	
		DEATH [Enter only one cause EATH WAS CAUSED BY:	se per line for (a), (b), and (c).]		4			ONSET AND DEATH
	PART I. DI	IMMEDIATE CAUSE (a)	Carale e W	re	4			
	4230	DUE TO	a 1 1-	1	_ /			
	Conditions, If		Denersly of Or	1 121	er selense	0		
11	cause (a), s	DILE TO	21		1 /3	and ofort		
z	underlying caus	1 (0)	Mania man I	n	dirmit (124 01	Jul ministro		
CERTIFICATION			ONTRIBUTING TO DEATH BUT NO	FRELA	TED TO THE TERMINAL D	DISEASE CONDITION GIV	'EN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND
CERTIF	20a. ACCIDENT DR CONTRIBUT (IF EITHER, ND	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury in Part I or Pa	rt II of Item 18	4)
CAL		INJURY Month, Day, Year	20d. INJURY OCCURRED 20e	. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or to	wn) (Cou	unty) (State)
MEDICAL	Hour a.i	m. m. 19	While at work at work	Tactor	y, street, office bldg., et	(c.)		
			attended the deceased from	n	8-15-10	128 to 6	3 196	Z, that (I) (we) last
		ceased alive on						the date stated above.
	22a. SIGNATU	2	X					DATE SIGNED
		Suploper	JUD.	M.D		MED. STAFF		
	22c. PHYSICIA NAME (T		Felipe n.D.		22d. ADDRESS			THE RESERVE
23a	REMOVAL (Sp	eclfy)				23d. LOCATION (C	ity, town or co	unty) (State)
24	FUNERAL DIRI	6-6-1967	Parkwood C	eme		Baltimore	b. REGISTRAR	'S SIGNATURE
17	resson	hm 7. Ho	me 7401B	elo	POATEJU	N 6 1967	Milar	Cas Judge



bor popers. Poge: completely ove carbon in onv puo puo cremation, or remova signed by the burial-transit the burial, hos been os the Dept. of Health prior to certificote detached TO FUNERAL DIRECTOR: After this filed with the director, page should be filed

24 hours after deoth

be executed

the death certificate

requires thot

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TDWN (If outside carparate limits, c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS Shady Nook Nursing Home Formerly 905 Washington Blvd. YES NO NAME OF 4. DATE First Lost DECEASED Jennie Stem1er (Type or print) M. DEATH 67 S. SEX IF UNDER 24 HRS 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) Months Doys 12/22/83 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Maryland IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Beckman Frederick Dressel IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Raymond H. Stemler 235 Edridge Way None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TD stoting the underlying couse 19. WAS AUTD PSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) of work 21. I certify that (I) (this hospital) attended the deceased fram. 1967, that (1) (we) last 1966, ta 19 67, and that death accurred at 9'15AM, Fram causes and on the date stated above. saw the deceased alive an_ June 20 220. SIGNATURE 22b. DATE SIGNED DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. D. C. McLaughlin 303 N. Rolling Rd. 23b. DATE THEREOF 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 6/24/67 Loudon Park Cemetery Md Baltimore 24. FUNERAL DIRECTOR 21229 2So. REC'D BY REGISTRAR

4107 Wilkens Ave.

DATE

VR A15 (4) 25M 1/67

Howard H. Hubbard F. H.

020 La 1

. The process of the

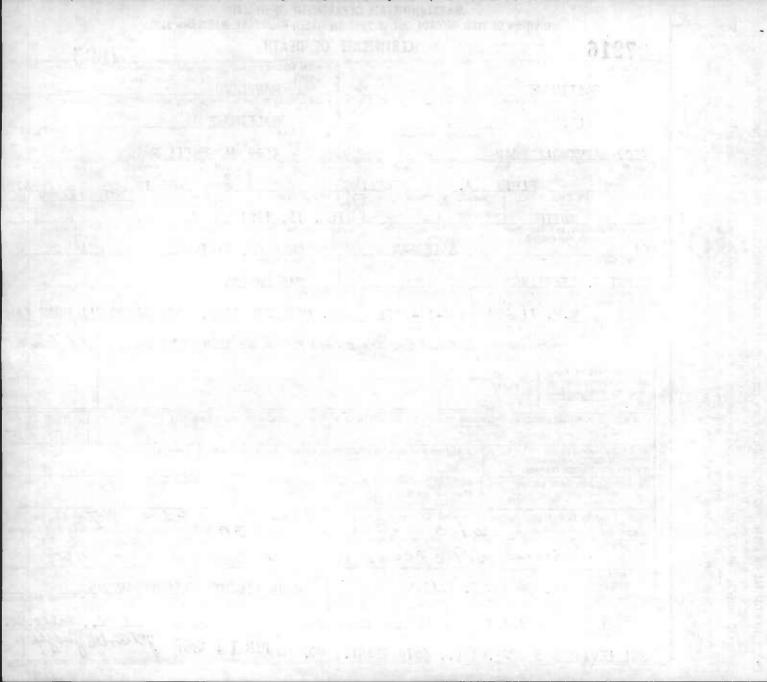
3 73

Tranction as the contract of t

CERTIFICATE OF DEATH 07916 and 2 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) funerol 1. PLACE OF DEATH a. COUNTY b COUNTY BALTIMORF MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) BALTIMORE BALTIMORE .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Lin 4509 MARYKNOLL 4509 MARYKNOLI YES NO 3. NAME OF First Middle 4 DATE Last Month Day Year completely DECEASED (Type or print) STERLING DEATH S. SEX IF UNDER 1 YEAR AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH **NEVER MARRIED** last birthday) Manths Haurs WIDOWED DIVORCED WHITE and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician on please during most of working life, even if retired) **INDUSTRY** COUNTRY? SALESMAN CHICAGO ILLINOIS

14. MOTHER'S MAIDEN NAME LISA 13. FATHER'S NAME ROBERT I RAF GORDON STERLING IS WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give war ar dates af service) 0 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: DISET AND DEATH IMMEDIATE CAUSE (a) DUE TO burial Conditions, if any, which gave rise ta immediate cause (a) DUF TO stoting the underlying cause os the prior ta After this certificate has been (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Heolth NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Haur a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital), attended the deceased fram should and that death accurred at 3 A M, fram causes and an the date stated above DIRECTOR: saw the deceased alive an. 22a. SIGNATURE 0 director, page 3 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) DR. EDWARD S. KALLINS 4300 LIBERTY HEIGHTS AVENUE 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURIAL Windsor Mill Rd. Balto. Md. 6/11/67 Hebrew Young Mens 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 SOL LEVINSON & BROS. INC., 6010 REIST., RD.

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth the hospital O HOSPITAL



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07917

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond completel Pittled in by the director, page 3 should be detoched for use os the buriol-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in ony event, within 72 hours of

VR A15 (4) 20 M 1/66

CERTIFICATE OF DEATH

07900

1. 1	PLACE OF DEATH	more		MARY	'I AND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Maryland						
	. CITY OR TOWN	lf autside carparate limit d give nearest tawn)	5,	c. LENGTH OF STAY II		c. CITY OR TOWN Balti	(If outside car	rparote limits, write	RURAL and gi	ve nearest	tawn)	
		ph Hospital		jive street address)		d. STREET ADDRESS 9206 Orbitan Rd. e. IS RES						RM?
	NAME OF DECEASED	Fi Edv	rst vin	Middle D		Stevens	4. DA		Manth 6	Doy 1	Year	
S	(Type or print) EX ale	6. COLOR OR RACE White	7. MARRIED :			B. DATE OF BIRTH		9. AGE (In year	s IF UNDER		IF UNDER :	
duri	ng most of working Salesma FATHER'S NAME	e recorded to	IN IN	ND OF BUSINESS OR DUSTRY urniture		Marylan 14. MOTHER'S MAI	ıd	ar foreign country)	12. 0	ITIZEN OF OUNTRY?		
	WAS DECEASED EVI	R IN U.S. ARMED FORCES? (If yes give war or dates	of service)	SOCIAL SECURITY NO.		Emma NFORMANT s. Sybil	Stavas		ame			
		, which gave) te cause (o),	(a) Acut TO (b) core	(a), (b), and (c).) Le myocardi nary arter	ial i	nfarction	1		osis.		RVAL BETW ET AND DE	
CATION	PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO 1	THE TERMINAL DISEAS	E CONDITION	GIVEN IN PART 1(c)		WAS AUTOI PERFORMEI	PSY
L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OF	CURRED.	Enter noture of inju-	ry in Part I o	Part II of item 18	.)			
MEDICAL	20c. TIME OF INJ Haur a. p.	10	20d. IN While at wark	NJURY OCCURRED Nat While at wark		E OF INJURY (Home ary, street, office bldg		Of. (City ar taw	n) (C	ounty)	(S	tote)
	sow the d	fy that (A) (this has eceased alive an_	pital) ottena 6/1	ded the deceased	from and tho	5/31 deoth occurre	, 12 <u>67</u>	ta6/1/ 219M, from cou	ses ond an	_	stated	ve) los obove
	22o. SIGNATURE	Yam D.	m		M.I	ATTENDING PHYS.	MED.	OR STAFF		e 2,	_	
	22c. PHYSICIAN'S NAME (Type	Lawrence	F. Misa	nik, M.D.				d., Towso	n, Md.	2120)4	
	BURIAL, CREMATI	6/5/6		23c. NAME OF CEME Loudon P		Cem.		Balto M	d.	(County)		ote)
24	Leonard	J. Ruck In	nc. Ba	ADDRESS 1to., Md.		2So.	JUN		. REGISTRAR'S	SIGNATURE		gla.

215 oliver the State of State

south from the property of the south

The second of the last the facility of the control of

COLUMN TO A SECOND SECO

Lander C. Duck Sec. 3: Total

interferent motion instruction.

07918

CERTIFICATE OF DEATH

07901

		28020								
		PLACE OF DEATH D. COUNTY	Baltimore		AAADV	'LAND	- CTATE	there deceosed lived, if	institution: Res b. COUNTY	sidence befare admission)
		. CITY OR TOWN (I	f autside carparate limits,		c. LENGTH OF STAY I		c. CITY OR TOWN (If ou		vrite RURAL and	give neorest tawn)
			give nearest town)		3yr6mth15	dvs	Baltimo	ore		30.4
	(AL OR INSTITUTION (If not				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
0		SPRING	GROVE STA	TE HO	SPITAL		1011 West	t Mulberry	Street	YES NO
		NAME OF DECEASED Type or print)	Firs Eu.	lalia	Middle H •	St	Lost eward	4. DATE OF DEATH	June	10 Year
	S. 5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		. DATE OF BIRTH	9. AGE (In some birth	yeors IF UN	DER 1 YEAR IF UNDER 24 HRS
		ale	Negro	WIDOWED	DIVORCED		March 19, 10	71	Yrs.	
	10o. duri	usual occupation ng most of working housew .	(Give kind of wark done life even if retired) 119		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8	3 State, or foreign countr	(Y) 12	COUNTRY?
	13.	FATHER'S NAME	,	,			14. MOTHER'S MAIDEN N	IAME	Lenn	
		Us	NOWN				UNK	NOWN		
			R IN U.S. ARMED FORCES? (If yes give war or dates af	service)	OCIAL SECURITY NO.		NFORMANT "		Address	
		NO			3-12-8798A	Re	cords: SPRII	IG GROVE	STATE	HOSPITAL
		18. CAUSE OF DE PART I. DEAT	ATH (Enter only one couse H WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
		1191	IMMEDIATE CAUSE (c	,	nt lobar p	neumo	nla			1 week
		Canditions, if any,	Which gove \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
		rise to immediate	e cause (a),	b)						
		stoting the under	Tying couse	(c)						
2	ATION	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (Enter nature of injury in f	Part I ar Part II of item	18.)	
	MEDICAL	Hour o.n	1. 19	While at work		facto	E OF INJURY (Home, farm ry, street, affice bldg., etc.)			(County) (State)
		saw the de	y that 🌃) (this hosp eceased alive an 🗸	ital) attend	led the deceased	framand that	death occurred at,	9 63, ta JUA 7 30 A/M, fram c	auses and a	n the date stated abov
		22a. SIGNATURE	Stella	wa	clester	M.D		MED. STAI DIRECTOR PHY RING GROV	S. 🔼	6-12-67 E HOSPITAL
1		22c. PHYSICIAN'S NAME (Type)	Stella	Wachsl	er, M.D.			ltimore, M		
P	280	BURIAL, CREMATION REMOVAL Spenty	0/0/3/1	REOF 1967	23c NAME OF GEME	HRY OR S	mal lem.	23d tocation (co	2Sb. REGISTRA	(County) (State)
)	2	Muuns	Funeral &	ome .	3/9/1/60	wed	DATE !!	V 2 2 1967	golio	
					/				1/	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician

27218 - 1034 No. 1030 the state of the s 75 27 3 STATE OF THE PROPERTY OF THE PARTY OF THE PA The state of the state of the state of the

07913 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) FORT HOWARD 1 DAY BALTIMORE filled in e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 405 S. ANN STREET VETERANS ADMINISTRATION HOSPITAL YES NO 3. NAME OF pau First Lost DATE Month * Year completely DECEASED _(STYS) JOSEPH STJES 67 (Type or print) JUNE 26 19 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours Days dny MALE WIDOWED DIVORCED JUNE 13, 1895 WHITTE 72 yrs. puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician nen please **INDUSTRY** COUNTRY? puo INDUSTRIAL U.S.A MOULDER POLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, attending p ANDREW_STJES MARY WUJEK IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates af service) 0 CLIN RECORDS, VA HOSPITAL, FT HOWARD, MD. YES 216 07 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: SEPTICEMIA, CAUSE UNKNOWN IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse as been as the prior to b lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health CEREBRAL THROMBOSIS DUE TO CEREBRAL ARTERIOSCLEROSIS NO this certificate 20a. ACCIDENT WAS UNDERLYING. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, affice bldg., etc.) Not While ot work 21. I certify that (I) (this hospital) attended the deceased fram. ta FUNERAL DIRECTOR: 6/26/67 and that death accurred at 3:30AM, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED 6/26/67 M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, po should be f NAME (Type) JORGE A. FABARA. M. D. VAH FORT HOWARD, MARYLAND 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) HOLY ROSARY CEMETERY DUNDALK, MARYLAND 2 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

within 24 hours after ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained

VR A15 (4) 25M 1/67

Attended statement of the EICL.

STUDENTS CR. A

VERNINES ASSETS BEING NOSEYELL CONTOUR SERVICE

anas (2 c. 1990) MALE CARRIED CONTROL STATE OF THE CONTROL OF THE CO

THE COURSE IN LESS OF SECTION AND RESIDENCE

THE REPLYCHARD CARES THE SHOWING WE WAS A PROTECTED OF THE SHORT OF THE SHOWING THE SHOWIN

CALCAY ALAS DESCRIPTION TO GAST AND ARE TO A

was e. under the complete the property of the

But have and the second of the second of the second Pandalls rown Thay's Baltimore & Pathinone Chunty General hosp STAR Scotts Land Red. Anne I Judio do 11/8/50 16 Enthrone Heryand USA wares Krisch Gold Berg. Hospital Records to the first term that the property of the conduction of

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 07921 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COLINTY o. STATE b COUNTY MARYLAND b. CITY OR TOWN (II gutside carporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If guitside carporate limits, write RURAL and give negrest town) write RURAL and give nearest town) any event, within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO C NAME OF Middle ARMAN Dov Year ond completely DECEASED (Type or print) DEATH 19 8, DATE OF BIRTH AGE/Un years IF UNDER 1 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove last birthday) Months Days WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) uppla AT HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phy: IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, or unknown) (If yes give war ar dates of kervice) 0 UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (b) INTERVAL BETWEEN signed by the c buriol-tronsit p ONSET AND DEATH Canditions, if ony, which gove rise to immediate couse (a), DUE TO far use os the t f Heolth prior to b stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour a.m. factory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram ______ 1967. to 2, and that death accurred at M. fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BALTIMORE COUNTY GENERAL HOSPITA director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 6/8/67 LUBAWITZ NUSACH ARI ROSEDALE MARVIAND PEGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

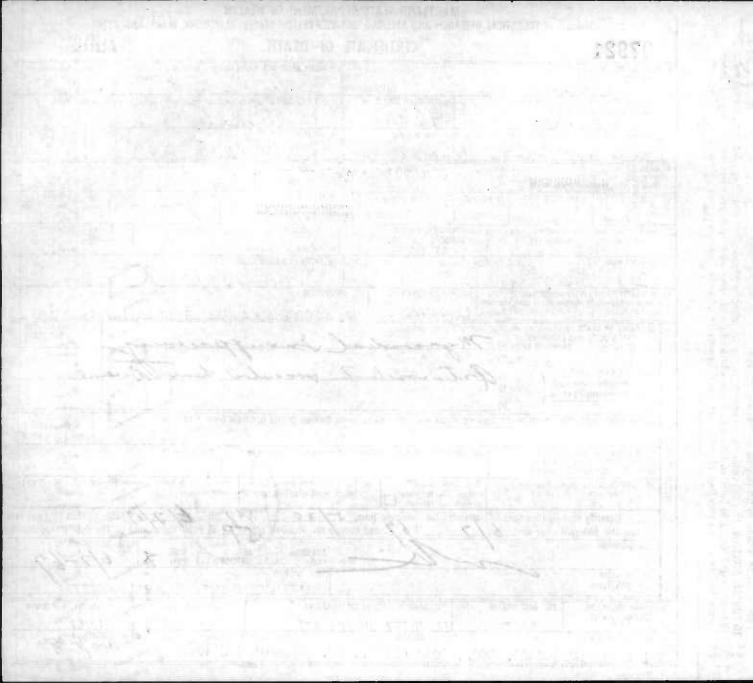
SOL LEVINSON & BROS. INC., 6010 REIST., RD.

O HOSPITAL OR ATTENDING PHYSICIAN Page 4 moy be retoined by the hospital VR A15 (4) 20 M 1/66

executed within 24 hours often

requires that the deoth certificate be

0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07922 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH o. COUNTY Baltimore b. COUNTY o. STATE Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) within 72 720 Maiden Choice Lane # 21228. 720 Maiden Choice Lane. #28 NO TX 3. NAME OF Middle Taylor 4. DATE DECEASED (Type or print) Sr. Mary Margaret of the Sacred Heart O.P. DEATH June 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthdoy) White Jan. 22, 1883 in any Female WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Paterson . N.J. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remava Henry Amos Taylor Sarah Marie Brown 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 219-54-3752Jl Mother Mary of the Divine Heart. Same. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar to 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While 19 ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram_ 1967, that (1) (we) last saw the deceased alive an 6/30 1960, and that death accurred at 10:00M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) John H. Shaw 5800 Edondson Ave. Balto. 28, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b DATE THEREOF (County) 7-3-67 Convent Cemetery 720 Maiden Choice Lane. Md. 250. REC'D BY REGISTRAR 1967 901 S. Conking St. Baltimore

VR A15 (4) 20 M 1/66

director,

law requires that the death certificate be executed within 24 haurs after death

completely filled in by the funeral love arbon papers. Pages 1 and

remov

signed by the attending physician and burial-transit permit. Then please rem

the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been

ro Hospital or Attendin Page 4 may be retained by

of from ville pi. Livertofill El letter thetes Late a 21815, ___ = 728 la den thetes inner ca and the second of the second that the at at at at a single

Storie error deservations The state of the car is a province the same of the same

a c

. bd.05. . otts: .cr mes man; 0056

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

30

YES NO X

IF UNDER 24 HRS

Hours

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

(Stote)

(State)

YES S

23d OCATION (City or Town)

2Sb. REGISTRAR'S SIGNATURE

Charles Jugar

2Sa. REC'D BY REGISTRAP

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07923 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY Baltimore MARVIAND Maryland Baltimore b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 1103 N. Aisquith St. St. Joseph Hospital 3. NAME OF Middle 4 DATE Month First Last DECEASED Willie M. Taylor June (Type ar print) DEATH B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Male Negro WIDOWED DIVORCED 11/18/43 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Taxicab Co. North Carolina Yellow Cab Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (6) SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, na. ar unknown) (If yes give wor or dotes af service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Massive intracerebral hemorrhage DUE TO Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Acute leukemia 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) foctory, street, office bldg., etc.) ot wark 21. I certify that (4) (this haspital) attended the deceased fram June 28, 1967, to June 30, 1967, that (8) (we) last June 30 19 67, and that death accurred at 6:55 PM, fram causes and an the date stated above. saw the deceased alive on_ 22o. SIGNATURE 22b. DATE SIGNED 5 M.D. DIRECTOR 22d. ADDRESS NAME (Type) Reynaldo Orjuela-Gomez, M. D. 7620 York Rd., Towson, Md. 21204

23c. NAME OF CEMETERY OR CREMATORY

within 24 haurs after death the funeral by the tr .⊆ hin 72 l executed COM any gud requires that the death certificate be physician (remava signed by prior tal has been ATTENDING PHYSICIAN: TO FUNERAL DIRECTOR: After be retained director, page 3 shauld be filed O HOSPITAL

VR A15 (4) 25M 1/67

23o. BURIAL CREMATION.

24. FUNERAL DIRECTOR

DATE THEREOF

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07924

CERTIFICATE OF DEATH

07907

PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	CTATE	Where deceased lived, if institution b. COUNTY	
write RURAL at	(If outside corporote limits, nd give nearest town)	c. LENGTH OF STAY IN 16 6yr Limth 26dys	c. CITY OR TOWN (If ou	tside corporate limits, write RURA	L and give nearest town)
	ITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE
SPRING	GROVE STATE	HOSPITAL	732 Carro	oll Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Luster	Middle R.	Thigpen	4. DATE Month OF DEATH June	Doy Year 9 19 67
5. SEX		MARRIED NEVER MARRIED	B. DATE OF BIRTH	10.000/1	IF UNDER 1 YEAR IF UNDER 24 HRS.
amle	white W	IDOWED DIVORCED	Oct. 14, 19	908 Sest birthdoy) yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION during most of working	ON (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County a	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Luther Thigp	en	Lorean H	Holland	
IS. WAS DECEASED EN	FR IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address	5
	(If yes give war or dotes of serv	(e) 217-12-9197 R	ecorde SPRTN	IG GROVE STATE	HOSPTTAL.
Yes	0 0 707 077		gootan. Of lath	IN OTHER PLATE	
I IR CALLSE OF I	SEATH (Enter only one couse ne	r line for (a) (b) and (c))			INTERVAL BETWEEN
PART I. DE	DEATH (Enter only one couse pe ATH WAS CAUSED BY:		ion with my	vocardial infar	ONCET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), ond (c).) Coronary occus	ion with my	yocardial infar	ONCET AND DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Coronary occus			ONCET AND DEATH
PART I. DE. # 201 Conditions, if on rise to immedia	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Ty, which gove (b) ote couse (o),	Coronary occus		yocardial infar scular disease	ONCET AND DEATH
PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DV, which gove one couse (o), consider the couse (o), derlying couse (o).	Coronary occus			ONCET AND DEATH
PART I. DE. ### A O // Conditions, if on rise to immedic stoting the und lost. PART II. OTHER	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which gove one couse (o), lerlying couse (c) (c) OTHER TO (d) OTHER TO (e) OTHER TO (f) OTHER TO (f) OTHER TO (f) OTHER TO (g) O	Coronary occus	tic cardiovas	scular disease	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
PART I. DE. A O	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which gove one couse (o), lerlying couse (c) (c) OTHER TO (d) OTHER TO (e) OTHER TO (f) OTHER TO (f) OTHER TO (f) OTHER TO (g) O	Coronary occlus Arteriosclero	tic cardiovas O THE TERMINAL DISEASE CON	scular disease	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
PART I. DE. A O	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which gove one couse (o), lerlying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor	Coronary occus Arterios clero BUTING TO DEATH BUT NOT RELATED T 20b. DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 20e.	tic cardiovas O THE TERMINAL DISEASE CON	SCULAR disease NDITION GIVEN IN PART 1(o) Port I or Port II of item 1B.)	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED?
PART I. DE. ### ACT Conditions, if on rise to immedia stoting the und lost. PART II. OTHER : 20o. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTE) 20c. TIME OF IN Hour 'c	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which gove one couse (o), leifying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING G CAUSE OF DEATH YMEDICAL EXAMINER) JURY Month, Doy, Yeor JURY Month, Doy, Yeor JURY that () (this haspital)	Coronary occus Arteriosclero BUTING TO DEATH BUT NOT RELATED T 20b. DESCRIBE HOW INJURY OCCURRED While Not While of work 20e. I	THE TERMINAL DISEASE COND. (Enter noture of injury in Incident of Injury (Home, form octory, street, office bidg., etc.)	NDITION GIVEN IN PART 1(o) Port I or Port II of item 1B.) 1. 20f. (City or town) M. fram causes of	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES \(\begin{array}{c} No \(\begin{array}{c} \begin{array}{c} No \(\begin{array}{c} arra
PART I. DE. ### ACT Conditions, if on rise to immedia stoting the und lost. PART II. OTHER : 20o. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTE) 20c. TIME OF IN Hour 'c	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which gove one couse (o), leifying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING G CAUSE OF DEATH YMEDICAL EXAMINER) JURY Month, Doy, Yeor J.m. 19 iffy that () (this haspital deceased alive an	Coronary occus Arteriosclero BUTING TO DEATH BUT NOT RELATED T 20b. DESCRIBE HOW INJURY OCCURRED While Not While of work 20e. I	D. (Enter noture of injury in locatory, street, office bldg., etc.) Jan. 13 , 1: nat death accurred at the street of the street	PORT I OF PORT II OF ITEM IB.) 1. 20f. (City or town) 1. 10 MeD. Med. STAFF DIRECTOR PHYS.	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) (County) (Stote) 19. 67, that (I) (Stote) 22b. DATE SIGNED 6-9-67
PART I. DE. A A O	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Lote couse (a), leifying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING G CAUSE OF DEATH YMEDICAL EXAMINER) JURY Month, Doy, Yeor J.m. 19 Lify that (X (this haspital deceased alive an	Coronary occus Arterios clero BUTING TO DEATH BUT NOT RELATED T 20b. DESCRIBE HOW INJURY OCCURRED While of work of Work of	D. (Enter noture of injury in land death accurred at land.) ATTENDING PHYS. 22d. ADDRESS PE	PORT I OF PORT II OF ITEM IB.) 1. 20f. (City or town) 1. 10 MeD. Med. STAFF DIRECTOR PHYS.	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO COUNTY) (County) (Stote) 19. 67, that (I) (Stote) 22b. DATE SIGNED 6-9-67 ATE HOSPITAL
PART I. DE. Conditions, if on rise to immedia stoting the und lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b), which gove one couse (o), lerlying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING COUSE AS UNDERLYING COUSE AS UNDERLYING COUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor D.m. 19 Iffy that (X (this haspital deceased alive an	Arterios clero BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While of work of	D. (Enter noture of injury in DACE OF INJURY (Home, form octory, street, office bldg., etc.) Jan. 13 , land death accurred at the death accurred at 22d. ADDRESS PR. Bal	PORT I OF PORT II OF ITEM IB.) 20f. (City or town) 150. ta June 9 M. fram causes al MED. STAFF DIRECTOR PHYS. TRING GROVE ST	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO COUNTY) ((County) (Stote) 19. 67, that (1) (Stote) 22b. DATE SIGNED 6-9-67 CATE HOSPITAL and 21228
PART I. DE. ### ACT Conditions, if on rise to immedia stoting the und lost. PART II. OTHER : 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour or 22c. SIGNATURI 22c. PHYSICIAN NAME (Typ)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO (b), which gove one couse (o), lerlying couse SIGNIFICANT CONDITIONS CONTRI AS UNDERLYING COUSE AS UNDERLYING COUSE AS UNDERLYING COUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Doy, Yeor D.m. 19 Iffy that (X (this haspital deceased alive an	Arterios clero BUTING TO DEATH BUT NOT RELATED TO 20b. DESCRIBE HOW INJURY OCCURRED While of work of	D. (Enter noture of injury in Incompression of the Terminal Disease condition of the Terminal Disease condit	PORT I OF PORT II OF ITEM IB.) 1. 20f. (City or town) 1. 30f. (City or Town) 2. 30f. (City or Town) 2. 30f. (City or Town)	ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? YES NO COUNTY) ((County) (Stote) 19. 67, that (1) (Stote) 22b. DATE SIGNED 6-9-67 CATE HOSPITAL and 21228

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the Lungral director, page 3 should be detached for use as the burial-tronsit permit. Then please (rentown carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 moy be retained by the hospitol or attending physician.

VR A15 (4) 25M 1/67

n de la company distribution of the party of the property of t green at the County of the State of the cle /4// those stion though.

14. 35 - 155.8 nc. 137 sc. mg st. alt. M.

07925	CERTIFICATE OF	DEATH	07908
1. PLACE OF DEATH o. COUNTY BALLIMAR	MARYLAND 2. USU o. ST		institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If autside carparate limits, white RURAL and give nearest town)			E 03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in h Greater Balto Medic	A Center 480		TERR, YES NO
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. N	Richard Thon	LOST 4. DATE OF DEATH OF WRITH 9. AGE (In)	Manth Doy Year 19 67 Years IF UNDER 1 YEAR IF UNDER 24 HRS.
44	DOWED DIVORCED 4/2	197 lost birth	nday) Months Days Hours Min.
during most of working life, even if retired) Mechanic 13. FATHER'S NAME	Assoc. Transport Lu	Mchburg V. THER'S MAIDEN NAME	A. COUNTRY'S. A
IS. WAS DECEASED EVER INU.S. ARMED FORCES?	N lesson	ettie VIDIA	Grain ER Address 21227
(Yes, no, ar unknawn) (If yes give wor ar dates af servi	225-10-1177 Mrs. C		4804 Gateway Terr
18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Cardiorespis	catory fail	ONSET AND DEATH
conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. (b) DUE TO	Careinoma (Jesophusug	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	OUTING TO DEATH BUT NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Yeor Hour o.m.	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nat	ure af injury in Part I ar Port II af item	18.)
20c. TIME OF INJURY Manth, Day, Yeor Hour o.m. p.m. 19	20d. INJURY OCCURRED While Nat While at wark at wark 20e. PLACE OF INJ	URY (Hame, form, , affice bldg., etc.)	own) (Caunty) (State)
21. I certify that (I) (this haspital) saw the deceased alive an		accurred at $\mathcal{A} \rightarrow \mathcal{P}$ M, fram a	auses and an the date stated above
22a. SIGNATURE RCHAIL 22c. PHYSICIAN'S R	M.D. PHYS	NDING MED. STAF	
NAME (Type)	CHHILLAR	130	etune Center
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/5/67	23c. NAME OF CEMETERY OR CREMATOI Springhill Cemete	ry Lynchbur	g Virginia
24. FUNERAL DIRECTOR Howard H. Hubbard 4107	Wilkens Ave. 21229	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please can be carban papers. Pages 1 and 2 should be state Dept. of Health priar to burial, crematian, ar remaval, and in any eyent, within 72 haurs after death VR A15 (4) 25M 1/67

EALPERAL STATE OF THE SALE the same that the same of the Continued to the state of the s The War of the Art of the second training of the second to ALTERNATION TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PROPERTY OF T Candwarespirating failures Corneinsma Ousephousus 60 -1-9 dab colsts Revision 6/1/67 Ch. Buth Chang Could RAMK CHMICHAR 7 ---

Parkwood Cemetery

0 VR A15ME

Wm. Cook-Brooks Towson 1050 York Rd. 21204

6/28/67

Burial

23, FUNERAL DIRECTOR

Barkville, Maryland 246. REGISTRAR'S SIGNATURE

AAin

NO

(State)

14 wh. Code-Strollandownia 1050 York Rd. 2120-

200 - 100 -

Andread State of Chairman

		07927	CERTIFICATE	OF DEATH	U.	7910
1		COUNTY Baltimore	MARYLAND	ATATE A A	deceosed lived, if institution: Res	idence befare admission
	ł	CITY OR TOWN (If outside corporate limits, write RYBAL and give negres)	c. LENGTH OF STAY IN 16 20 Mes 15 Day	c. CITY OR TOWN (If outside of Bollis	orparate limits, write RURAL and	give nearest tawn)
	(. NAME OF HOSPITAL OR INSTITUTION (If not in hasp	ital, give street address)	d. STREET ADDRESS	0 / 0	e. IS RESIDENCE ON A FARM?
		Mt. Wilson State Ho	spital	1933 Kon	usoyst, 2	3 YES NO
	[NAME OF DECEASED Type or print) / Joseph	Kennard 1/4	Thompson 4. D	ATE Mouth FEATH JUNE	Doy Year 1967
	S. S	M. W. WIDON	WED DIVORCED	8. DATE OF BIRTH 12/12/1913	9. AGE (In years lost birthday) Month	
	B	rakeman	Ob. KIND OF BUSINESS Pack INDUSTRY Ltapsco & River R	11. BIRTHPLACE (Caunty & State PENNA	,	COUNTRY? US A.
	13.	FATHER'S NAME TOSEPH THOMPS	ON	14. MOTHER'S MAIDEN NAME LIJTNER	GRAC	E
		WAS DECEASED EVER IN U.S. ARMED FORCES? , na, ar unknawn) (If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17. 1 216-24-458 Re	ormant cords, Mt. V	Address Vilson State	Hospital
		18. CAUSE OF DEATH (Enter anly ane cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e far (a), (b), and (c).) HEART FA	HLURE		INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b) (c)	FAR ADVAN	icen PUEMO	ONARY TS.	9 45.
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	I GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I o	ar Part II af item 18.)	
	MEDICAL	Haur a.m.		CE OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
		21. 1 certify that (I) (this haspital) at saw the deceased alive an		t death occurred at	- / 10	9 /that (I) (we) long the date stated above
		22a. SIGNATURE 22c. PHYSICIAN'S Ments	mer M.	ATTENDING MED. PHYS. DIRECT	STAFF	DATE SIGNED 6 . 14 . 1967
/		NAME (TYPWm. Newcomer,		Mt. Wilson	n, Maryland	1
		BURIAL (Specify) Burial Burial 23b. Date thereof 6/17/1967	23c. NAME OF CEMETERY OR Loudon Park	Ceme tery	d. LOCATION (City or Town) Baltimore, Md.	(County) (State)
10	24.	funeral director	na Balto, n	2So. REC'D BY REDATE	GISTRAR 1967 FCCAR	s signature

C164/27/37

tosal.clip parametric from the control of a second con

Trational and the second bullets will a constant

de la distribuit de la constant de l

The Reserve of the Section of the

nertal /17/1967 Increase gard no appear to the first of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0792	8		CERTIFICA	TE OF DEATH		07911
o. COUNTY	H Baltimo:	re	MARYLAND	o. STATE	Where deceosed lived, if institution b. COUN'	
	N (If outside corporate limits, and give nearest town)		c. LENGTH OF STAY IN 1b		utside corporote limits, write RUR,	AL and give nearest town)
	PITAL OR INSTITUTION (If not	in hospital, giv	e street oddress)	d. STREET ADDRESS	COLMOIC - LI	e. IS RESIDENCE ON A FARM?
	St. Joseph H	ospital		180	6 Cromwood Roa	- 1
3. NAME OF DECEASED (Type or print)	First Dora		Middle Marian	lost Townsley	4. DATE Month OF DEATH Jun	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years Last birthdoy)	IF UNDER 1 YEAR OF UNDER 24 HRS. Months Doys Hours Min.
Female	White	WIDOWED X	DIVORCED [5-27-96	7 9 0 yrs.	
during most of worki	10N (Give kind of work done ing life, even if retired)	INDU	OF BUSINESS OR ISTRY Home		(& Stote, or foreign country) Co., Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			wn nome	14. MOTHER'S MAIDEN		
	William Blak	cley			Sarah L. Si	mith
(Yes, no, or unknow	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dotes of	service) 16. SO	CIAL SECURITY NO. 0-30-0484	17. INFORMANT	Addres	s 21236 Blakeley Avenue
	DEATH (Enter only one couse	per line for (o) (b) ond (c).)		,	INTERVAL BETWEEN
PART 1. D	PEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Car	cinoma of F	light Lund wit	th Metastasis t	o Liver ONSET AND DEATH
Conditions if o	DUE TO					
rise to immed	iote couse (o), aderlying couse	0				
PART II OTHER	SIGNIFICANT CONDITIONS CO		DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	Land The
Hour Hour	p.m. 19	While of work	Not While of work	PLACE OF INJURY (Home, for foctory, street, office bldg., etc	.)	(County) (State)
21. 1 cer saw the	rtify that (I) (this haspideceased alive an J	ital) attende	d the deceased fran 5, 19 67 , and	n May 21, that death occurred a	19 <u>67</u> , ta <u>June</u> 5:10A M, fram causes c	15, 19 67 , that (I) (we) land an the date stated above
22o. SIGNATU		Male		M.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	June 15,1967
22c. PHYSICIA NAME (Ty		n Malek	M.D.	7620 York	Road, Towson	- 21204, Md.
230. BURIAL, CREMA REMOVAL (Spe	cify)		23c. NAME OF CEMETERY	or crematory	23d. LOCATION (City or Tow	vn) (County) (Stote) Md.
24. FUNERAL DIREC			ADDRESS	(34) 251019		GISTRAR' SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the majorial director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages Lond 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or remaval, and in any exact, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

TAVIL OF SUBSTREES AND MOST DESIGN TO BE SECTION.

March 1 miles

Traidson where The responding to the model of

Application of the state of the

First with I Then the Com-

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07013

0793			CERTIFIC	LAIE	OF DEATH			0 2 0	TO
1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLA	VND	- CTATE	Where deceosed lived, if institution b. COI		e before od	lmission)
	(If outside corporate limits,		c. LENGTH OF STAY IN			utside corparate limits, write R	IRAL and nive	negrest ta	wn)
write RURAL an	d give negrest town)		4 days		Baltim			211	,
d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in haspital, a			d. STREET ADDRESS			e. IS	RESIDENCE
	rans Adminis				723 N.	Glover Street			N A FARM?
B. NAME OF	First		Middle		Last	4. DATE Ma	nth	Day	Year
(Type or print)	CLARENCE		DAVID		TRAVITS	OF DEATH June		25	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	10 100 //	IF UNDER 1		UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED	KI S	9/11/1900	9. AGE (In years 66 ast birthdoy) yrs.	Months	Days H	laurs Min.
Oa. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign country)		IZEN OF WH	TAT
luring most of warking Welder	, lite, even it retired)	S	DUSTRY Dipyard		Harrisbur	g, Pa.	U.S	INTRY?	
3. FATHER'S NAME					14. MOTHER'S MAIDEN				
Wilso	n Travits			171	Edna Kl	inger			
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 9	OCIAL SECURITY NO.	17. I	NFORMANT	Add	ress		
Yes, no or unknown)	(If yes give war ar dates of s	188	3 05 10 14	CL	inical Reds	, VA Hospital	, Fort	Howa:	rd, Md.
18. CAUSE OF D	DEATH (Enter anly one cause	per line far	(a), (b), and (c).)					INTERVA	AL BETWEEN
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	M.	COCARDIAL I	NFAF	RCTION			ONSET	AND DEATH
4201									
Canditians, if any		AF	RTERIOSCLER	OTIC	CARDIOVAS	TULAR DISEASE		6 ye	ears
rise to immedia									
last.) (0	(1)			3-32				
PART II. OTHER S	IGNIFICANT CONDITIONS CON	NTRIBUTING T	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)		19. WA' PER YES	S AUTOPSY REFORMED?
(IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Part I or Part II of item 18.)			
Haur 'o,	JURY Month, Day, Year m. m. 19	20d. IN While of work	Not While		E OF INJURY (Hame, farr ary, street, affice bldg., etc.		(Cau	nty)	(State)
21. I cert	ify that ★1) (this hospi leceased alive on	ital) attend Tune 2	led the deceased fr 519_67, ar	am nd that	June 21 , death accurred of	19_67, to <u>June</u> 6:35M, from causes	25, 19 6 ond on th	27, that ie date st	(IX(we) los
22a. SIGNATURE	1	0			ATTENDING _	MED. STAFF		TE SIGNED	
run	F -000000	Se	nan.	M.D	PHYS.	DIRECTOR L PHYS.	6/2	25/67	
22c. PHYSICIAN'S NAME (Type		A SEN	N, M.D.		VA Hosp	ital, Fort Ho	ward, 1	Md.	
23a. BURIAL, CREMATI		EOF/	23c. NAME OF CEMET	ERY OR (CREMATORY	23d. LOCATION (City or 1	own)	(Caunty)	(State)
BENDANTISTECIL	11 6/21	161	Parkwood			Baltimore	. Marv	land	
24. FUNERAL DIRECTO	DR /	1			, Broadway	D BY REGISTRAR 25h	EGISTRAP'S SI	GNATURE	-
H. Sanda	ra Fimenol H	omo	Dolltimon	3.4	IS NOW	6 (1001 /		1 0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any exempt within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Poge 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

5500 No secret And Statement on Long tell 123 11 More Property . Builderstein out to the party of the Bod Assentation who at the Best Tarty of the - APROLING CHAVITOTRAD CARDONALD DIRECTAR

MARYLAND STATE DEPARTMENT OF HEALTH

W PRESTON STREET RAITIMORE MARYLAND 21201 Division of CTATICTICAL DECEADOR AND

07931	CERTIFICATE	OF DEATH		07914
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Yhere deceased lived, if institution: b. COUNTY	Residence before admission) Baltimore
 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosedale 	c. LENGTH OF STAY IN 16	Ros	tside corparate limits, write RURAL o	13.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, g 7910 33rd St.	give street address)	d. STREET ADDRESS 7910 3	33rd St.	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) JENNIE C. TE	ROMPETER-KIN		4. DATE Month OF June 30	Day Year 19 67
s. sex 6. color or race 7. married female white WIDOWED	Hereit illi illition	B. DATE OF BIRTH 2/3/95	72 birthday) Mi	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most af warking life even if retired)	ND OF BUSINESS OR DUSTRY At home	Baltimon		12. CITIZEN OF WHAT COUNTRY?
John Schwartzmann		14. MOTHER'S MAIDEN I	unknown	
(Yes, no, or unknown) (If yes give wor or dates af service)		NFORMANT ose Marie	Address Kluga, dght.	above
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: MMEDIATE (AUSE (a)		welin -	Max autur	INTERVAL BETWEEN ONSET AND DEATH
473X DUE TO Canditions, if any, which gave (b)	disease,			
rise to immediate cause (a), stating the underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COM	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Year Haur a.m. 19 While of wark	Nat While fact	CE OF INJURY (Hame, farm ary, street, office bldg., etc.)		(Caunty) (State)
21. I certify that (I) (this hospitol) attends saw the deceased alive an	ded the deceased fram_ 2196_7, ond tho		965 to 6/30 123 M, from couses and	
22a. SIGNATURE	Leito M.	111101	MED. DIRECTOR D STAFF PHYS.	22b. DATE SIGNED 6/80/67
22c. PHysician's Dr. Joseph R. NAME (Type)	Liberto	3508 Ba	ank Street	

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond campletsly filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then please remove scribon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after deat Poge 4 may be retoined by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

drbon papers. Pages I and int. Within 72 hours after deoth

Burial 7/3/67 Oak Lawn Cemetery Baltimore, Md.

24. FUNERAL DIRECTOR PUNERAL DIRECTOR Funeral Home, Inc.

3331 Brehms Lane DATEUL 3 1967

the factor of the same of the 73130 5400 500 THE WAR PER . Designation of boot design to other To the state of th Metron (CA) - Comment of the Comment to Joseph In Lingto Hall Soll Const. THE TANK THE PROPERTY OF THE PARTY OF THE PA . The Control of the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funetal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

3

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1. MARYLAN
07932	CERTIFICATE OF DEATH	07915

١.	PLACE OF DEAT a. COUNTY						a. STATE		e deceased lived, If inst b. COUNT		sidence before admission	1)
_	h CITY OF TOW	Baltimore N (if outside co	B	The A	MARYLA c. LENGTH OF STAY I			Maryl		- allast -		_
	write RURAL	and give neares	st town)	its,	C. LENGIH OF STAY I	M ID	C. CITY OR TOWN (I	t outside	corporate limits, writ	IO KUKAL 2	ing give nearest town	1)
		Towson						Balti	more		03.1	
	d. NAME OF HO	SPITAL OR INSTI	TUTION (if I	not in hos	spital, give street add	iress)	d. STREET ADORESS	3			e. IS RESIDENC	
		St. Jose	ph Hos	pital	<u></u>			Fulle	rton Heigh	ts Av		7
3.	NAME OF DECEASED		First		Middle		Last	4. OF	TE Month		Oay Year	
	(Type or print)		Helen	1	E	Tum	inello		eath 6		15,4 19 67	
j.	SEX	6. COLOR OR R	RACE 7. M	ARRIEO [NEVER MARRIEO	1 8	. OATE OF BIRTH		9. AGE (In years	FUNOER 1	YEAR IF UNDER 24 HR	S.
	F	W		OOWEO [7/11/188	8	last birthday) 78 yrs.	Months (Days Hours Min	
0a ur	. USUAL OCCUPATION IN MOST OF WORK	TION (Give kind of ing life, even if i	work done retired)	10b. KIN	NO OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	County & S	tate, or foreign country)	12. CIT	IZEN OF WHAT JNTRY?	_
	House	ewife		- 31	Home		Baltimor	e, M	aryland		U.S.A.	
13.	FATHER'S NAM	IE		(10i H)			14. MOTHER'S MAI	OEN NAM	E			
		Tobias J	Johnso:	n		J h		I	da Wells			
15.	WAS DECEASED	EVER IN U.S. ARM	EO FORCES	1 16. S	OCIAL SECURITY NO.	17.	INFORMANT		Address	3	21236	-
YE	No	(If yes give war or o	dates of servic	(e)	5	Mr	Dománic Tu	ımmi.n	ello 3 Fule	erton		re
1		DEATH [Enter on	ily one caus	e per lin	e for (a), (b), and (c).	1					INTERVAL BETWEEN	Ē
П	PART I. OI	EATH WAS CAUSE	EO BY:		Aguta Du	lmor	ary Edema				ONSET AND DEATH	
1	537	IMMEDIATE CA	AUSE (a)		MCUCO 1 u.	THIOI	lary Dooma					
4) + 1	7	OUE TO									
	Conditions, If gave rise to		(b)									_
1	cause (a), s		OUE TO									
	underlying caus		(c)			17.		9 3				
1021	PART II. OTHER	SIGNIFICANTCON	IOITIONSCO	NTRIBUT	ING TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL	DISEASE	CONDITION GIVEN IN P	ART 1(a)	19. WAS AUTOPSY PERFORMEO?	1
CENTIL	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING CAUSE OF TIFY MEDICAL EX	NG DEATH XAMINER)	20b. OE	SCRIBE HOW INJURY	OCCU	RREO. (Enter nature o	of Injury I	n Part I or Part II of	Item 18.)		-
2	20c. TIME OF	INJURY Month.	Oav. Year I	20d. IN	JURY OCCURRED 120	e. PLAC	E OF INJURY (Home, f	farm. 20	f. (City or town)	(Coun	ty) (State)	-
	Hour a.i	n.	19	While at work	- Not While -	factor	y, street, office bldg.,	etc.)	(0.5, 0.1, 0.1, 0.1, 0.1, 0.1, 0.1, 0.1, 0.1	()		
					the deceased fro	773	1	19	to	10	_, that (I) (we) las	et et
1		ceased alive or		attenuet					, from the causes a			
1	22a. SIGNATU		1	1	, all	u tiiat	ueatii occurreu at.	141	, ITUIII LIIE GAUSES A		TE SIGNEO	-
-	ZZG. GIGHAIO		1	1)	Ard		ATTENOING	MEO.	STAFF	/	1567	
1	22c. PHYSICIA	1/104	WO	1	/ A	M.O.		OIRECTO	R PHYS.	6	-/ 4-1	_
-	NAME (T				0		22d. AOORESS					
3a.	BURIAL, CREN	IATION, 23b. 0	ATE THERE	OF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION (City, tov	vn or cour	nty) (State)	Ξ
	REMOVAL (Spi	6-1	0_786	7	Holy Rede	omo	r Cemetery	В	altimore	City	Md.	
24.		CTOR A	1		ADDRESS /)	1 294. RE	C'D BY R	EGISTRAR 25h RE	GISTRAR'S	SIGNATURE	_
	Las	scelle	Fren	und	X/m 8	6	in Laur	173	1961	ares	Judge	
	0,000		1000	019	Alm. P	200	NOT DATE				U	=

VR AI5 (4) 20M 1/65

. The state of the

Contract of the contract of th

Contract Champion and Champion

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE
HEALTH DERV necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiners Office along with farm PM3. Page 5 may be retained for your files. y delay is pages tand 2 with the State Department of Health ar its designated agent, priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. (AL EXAMINER: This certificate shauld be executed within 24 hours after death. If 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File TO DEPUTY ME

07933

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07918

3171		01000	0.02.0
TH DEN		COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. (OUNTY Baltimore
Page early of learly.	b	D. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
3.		write RURAL and give negrest town) rural Baltimore	rural Baltimore (2.7)
0.0	-	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
ate De		3042 Edgewood Road	3042 Edgewood Road VES NO NO FOR
th f Stat 2 ho	3. 1	NAME OF First Middle	Lost 4. DATE Month Doy Year
A e		DECEASED Type or print) JESSIE S. T. UHLAN	OF DEATH June 10 19 67
along with th	S. S	female white 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Wonths Doys Hours Min.
fe of the nut with		WIDOWED DIVORCED	rev. 25, 1904 63 yrs.
and 2 event	10o.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
val T. >	_	ng most of working life, even if retired retired Black & Decker	Baltimore, Md. USA
Examiner File pages and in an	13.	FATHER'S NAME Samuel Taylor	f4. MOTHER'S MAIDEN NAME Eva West
Exar File and	10		
cal I	(Yes		INFORMANT Cheodore W. Uhlan, 3102 Hiss Ave.
Medical permit. maval,		NO	INTERVAL BETWEEN
ef N		1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Colory 11 C Occlusion ONSET AND DEATH
Chie trans 1, ar		4201 IMMEDIATE CAUSE (a) DUE TO A	D.
a the Chief burial-transit matian, ar re		Conditions, if ony, which gove) (b) Colleroscle fol	ic Cardwoodches
id ta the C a burial-tr crematian,		rise to immediate couse (o), stating the underlying couse	
de de		lost. (c)	
arward used o burial	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL PISEASE CONDITION GIVEN IN PART ((o) 19. WAS AUTOPSY PERFORMED?
e far be us to b	CERTIFICATION	Diabello 7	rellilus YES NO X
	TIFIC	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port II of item IB.)
shauld b files. 3 should nt, priar	1 (5	CAUSE OF DEATH.	
3 ± s	MEDICAL		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	ME	p.m. 19 of work of work	
tar. Pag ed far y CTOR: Po ignated		21. I certify that I taak charge of the remains described above, h	
ed record		death resulted from Attural causes Accident Su	cide , Hamicide , Undetermined monner
directa retained DIRECT ts design		ACTUAL COLOR OF MA	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
al c		SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINE
e funeral directar. Po may be retained far FUNERAL DIRECTOR: calth ar its designate		EXAMINER'S NAME (Type) Dr. Frank T. Kasik T.	Address (Street, city, town, or county)
the funeral 5 may be r TO FUNERAL Health ar it	230.	BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	
± ~ 0 ±		burial 6/11/67 Gardens of F	aith Baltimore, Maryland
2		FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE \$
VR A15ME (5) 6M 1/66	L	eonard J. Ruck, Inc5305 Harford Rd, Ba	Ilto, Md DATE JUN 1 2 1967 January

arteroral artinglica & acolumn and and no letto milletion Colour & mis TAGE I I RULL

07017

IVI		07934			CERTIF	TCATE	OF DEATH			U	10116	
			timore	1	MAR	YLAND	2. USUAL RESIDENCE (Wood of STATE Mary		d, if institut b. COUN	ion: Residence	before odmiss	ion)
		b. CITY OR TOWN (If ou write RURAL and give	tside corporote limits, e nearest town)	, (LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If our	tside corporote limi			neorest town)	/
58		d. NAME OF HOSPITAL O			street address)		d. STREET ADDRESS Baltimore				e. IS RESI ON A F	
))	3.	NAME OF DECEASED (Type or print)	Fire EDW/		Middle JOHN		Last URBAN	4. DATE OF DEATH	Mont	h	Doy Ye	67
)			color or RACE	7. MARRIED X	DIVORCE		6-11-04	63	(In years birthdoy) yrs.	Months D	YEAR IF UNDE Doys Hours	R 24 HRS. Min.
	10c dur	. USUAL OCCUPATION (Giving most of working life, it ain tenan	re kind of work done even if retired)	10b. KIND	of Business or TRRegal tired	Lann	di BirTHPLACE (County Baltimor	Stote, or foreign co	untry)	12. CITIZ COUN	EN OF WHAT	
			on Urbar	1			14. MOTHER'S MAIDEN N	ophia M	lusil			
i, or remove	15.	WAS DECEASED EVER IN es, no, or unknown) (If ye	U.S. ARMED FORCES? es give wor or dotes of	f service)	17-5912		nformant na Urban,	wife,	abov			
, uemanon,		18. CAUSE OF DEATH PART I. DEATH W	(Enter only one cous /AS CAUSED BY: IMMEDIATE CAUSE (DUE	(o) Cere		cular	thrombosis				INTERVAL BE ONSET AND	TWEEN DEATH
מווסו ומ ממוומ		Conditions, if ony, whi rise to immediate co stating the underlyin last.	g couse DUE		etes Mel	litus						
2	ATION			ONTRIBUTING TO D	DEATH BUT NOT RE	LATED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN IN P	ART 1(o)		19. WAS AUT PERFORM YES	OPSY MED? NO
2	L CERTIFICATION	20o. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	20b. DESCR	IBE HOW INJURY O	CCURRED. (I	Enter noture of injury in I	Part I or Port II of	item 1B.)			34
	MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor	20d. INJU While ot work	Not While of work		E OF INJURY (Home, form ry, street, office bldg., etc.)	, 20f. (Citγ	or town)	(Count	14)	(Stote)
		saw the decea	hat (I) (this haspused alive on	oital) attended 6-18	the deceased 19 <u>67</u> ,	fram and that	death occurred at	9 <u>67</u> , ta <u> </u>	6-18 n causes	and an the		we) las d abave
Į.		220. SIGNATURE 220. PHYSICIAN'S	ello	2 M	aliv	M.D.	PHYS. L	DIRECTOR L	STAFF PHYS.		5-18-67	
nam an n	23	NAME (Type) D. BURIAL, CREMATION,	Fioreile 23b. DATE THE		M.D 23c. NAME OF CEM	ETERY OR C	7620 York	Road, B			ounty) (Stote)
Should b	23	REMOVAL (Specify)	6/22		loly Red		or Com	Ralt.	imore	, Md.		

and the result from the street intersects for an error to brown the

MONE, Jan Drung, Lide, Louis

AND COMMENTS OF THE PARTY OF TH THE PURPORT OF THE PARTY AND THE PARTY OF THE PARTY.

0

FOR STATE HEALTH DEPT.

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

X

VR A15ME (5) 6M 1/67

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deoth. If

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL Item #8 **BALTIMORE, MARYLAND 21201**

07935	MEDICAL EXAMINER	A'S CERTIFICATE OF DEATH	7918
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Reside	ence before admission)
a COUNTY Baltimore	MARYLAND	o. STATE b. COUNTY b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and gi	ive nearest tawn)
write KOKAL olid give fledlest fawil)		Baltimore	30.4
d. NAME OF HOSPITAL OR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Fort Howard Hospit	al	606 N. Lakewood Avenue #5	ON A FARM? YES NO
3. NAME OF First		Last 4. DATE Manth	Day Year
(Type or print) WI	LLIAM	VAN COURT OF DEATH 6	2 19 67
	7. MARRIED NEVER MARRIED	1 8. DATE OF BIRTH 1/27/29 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS
Male White	WIDOWED DIVORCED	June 12 1967 last birthdoy) Months	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR	11. 8IRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT
during most of working life, even if retired) Laborer	Balto. City Sani	itation Balto., Md.	U.S.A.
13. FATHER'S NAME	Dept.	14. MOTHER'S MAIDEN NAME	0000111
William H. Van Cour		Bernadine Herold	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Address	
(Yes, na, or unknown) (If yes give war or dotes of WWII	218-18-0983	Lorgaine Van Court, wife, Above	
18. CAUSE OF DEATH (Enter only one couse			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (G	Acute Subdural	Hematoma	ONSET AND DEATH
9049 DUE TO			
Canditians, if any, which gave) (E)		
rise to immediate cause (a), Stating the underlying cause	0		
last.	:)	the state of the s	
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
20a. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part 1 or Part II of item 18.)	
PRIMARY X or CONTRIBUTING CAUSE OF DEATH.	Allegedly fe		
20c. TIME OF INJURY Month, Day, Yeor Hour a.m.		PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (C	ounty) (State)
Unk p.m. 6/2/ 196	7 While Nat While at wark at wark	factory, street, affice bldg., etc.) Unknown Bal	timore, Md.
21. I certify that I taak charge	af the remains described abave	, held an Autapsy K), Inspection (), Inquiry ()	and in my apinian
death resulted fram: Natural	causes Accident X		
1100		CHIEF MEDICAL EXAMINER	
SIGNATURE COLUMN L	1.7	M.D. ASSISTANT MEDICAL EXAMINER X	22. DATE SIGNED
EXAMINER'S Werner U.	Spita, M.D.		6/67
NAME (Type)		Address (Street, city, town, or county)	()
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 6/6/67	EOF 23c. NAME OF CEMETERY Baltimore		(County) (State)
	Funeral Home	2So. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S	
	5 E. Madison Street	et #5 DANJUN 7 1967 Juan	les juage

death originally recorded on regular death cert. but should have been on M.E. report Film #G389 6/7/67 pc

and a strain and but her being the

worth . The Journal Sell Selection of Selection of the se

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after are the Page 4 may be retained by the hospitol or ottending physicion.

(4)

	07936			CERTIFI	CATE	OF DEATH	,		0791	9	
	PLACE OF DEATH a. COUNTY	BALTIME	ORE	MARY	LAND	2. USUAL RESIDENCE (o. STATE		d lived, if institut b. COUI			
ı	b. CITY OR TOWN (If outside carparate limi	ts,	LENGTH OF STAY IN	¥ 1b	c. CITY OR TOWN (If or		limits, write RU			
1	Write KUKAL on	d give nearest town		UD YR	5.	Don	DALL	/	211	222	- 13.1
Ì		AL OR INSTITUTION (If n	at in haspital, give	street address)		d. STREET ADDRESS	017-1		Û.,	9	IS RESIDENCE
	SPRING	GROVE	STATE	1403P		129 BALT	MORE	AUE .	(22)	YE	ON A FARM?
1	3. NAME OF DECEASED	F	irst	Middle		Last	4. DATE OF	Man	th	Day	Year
1	(Type ar print)		-	- EDITH	Ross	VINCENT	DEATH	Lui		20	196 T
4	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	D 8	. DATE OF BIRTH	9.	AGE (In years			F UNDER 24 HRS
1	FEMALE	WHITE	WIDOWED	OIVORCED		7-9-98		last birthday) Gayers.	Months	Days	Hours Min.
	10a, USUAL OCCUPATION during mast af working	N (Give kind af wark dane life, even if refired)	10b. KINO INDU	OF BUSINESS OR STRY		11. BIRTHPLACE (County	& State, or fore			ZEN OF V	VHAT
ı	13. FATHER'S NAME	1000	EMIPP			14. MOTHER'S MAIDEN		C		4.5	17
	CH	ARLES PE	RRY PC	285		KATE	104	BAKE	R		
		R IN U.S. ARMEO FORCES? (If yes give war ar dates		IAL SECURITY NO.	17. 11	FORMANT		Addre	ess	11.	
ı	NO OIKIDWII)	(II yes give wai ar dates	213/	28/0459	LE	WILBUR	VINCE	ENT	129 1	BALT.	. AUE .
	18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE	Coll), (b), and (c).)	TRR	E.T.					VAL BETWEEN T AND DEATH
	42	OO DUE	TO At	12-1/2	. 4	's the t	4	2.60	II ota i		
1	Conditions, if any	e couse (n)	(b)/11/2 V	105c/e1	011	c treat	gese	are.			
	stoting the unde		(c) Gene	evalize	de	rterios	clero	515-	_		
1	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(a)		19. W	/AS AUTOPSY
	loss.	blo bil=	tecal	Preum		1		. , ,		YES	ERFORMED?
	(IF FITHER NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR			Enter nature af injury in	Part I ar Part	Il af item 18.)			
	20c. TIME OF INJI Haur a.r	10	20d. INJU While at wark E	RY OCCURRED Nat While at wark		E OF INJURY (Hame, farr ry, street, affice bldg., etc.		(City or town)	(Cou	nty)	(State)
		fy that (1) (this has	spital) attended	the deceased	fram/ ind that	death accurred at	966, to	6-20 fram causes	2, 19 <u>6</u> and an th	that e date	(I) (we) la stated abav
	220. SIGNATURA	real-le	Trud)	n MD	/ M.D	11179.	MED. DIRECTOR	STAFF PHYS.	22b. OA	TE SIGNED	67
	22c. PHYSICIAN'S NAME (Type	NARCIS	0 W.G	ARMON	A	Spring	Gro	vo st	tet	65/	2/4/
	23a. BURIAL, CREMATIO		EREOF 11967	CRINS.	TERY OR C	REMATORY	23d. 100	ATION (City or To	wn)	(Couply)	(Stote)
1	24. FUNERAL DIRECTO	OR OF THE PROPERTY OF THE PROP	1/0/	ADDRESS	1 14	250 REC	O BY REGISTRA	R 25b P	GISTRAR'S SI	GNATURE	
1	2 Brotes	Paalle	- Lou	lach 1	144	DATES			osinas si	_	dal
- 6					-		4 7 7	100		- T	

2

TOTAL TO STATE OF THE PARTY OF

97937

CERTIFICATE OF DEATH

1	0000				CLICITITO	MIL	OI DEATH			1986	160		
1.	PLACE OF DEATH						2. USUAL RESIDENCE	(Where de	eceosed lived, if institut		e before o	dmissio	n) /
	o. COUNTY	BALTIMORE			MARYLA	ND	o. STATE MARY	LAND	b. COUI	NTY	-		/
-	b. CITY OR TOWN (f outside corporate limits	,	c. LI	ENGTH OF STAY IN 1	-		-	porote limits, write RUI	RAL and give	nearest to	own)	
	FORT HOW	aive nearest tawn)		23	DAYS		BALITIM		,	3	30.	,	
		AL OR INSTITUTION (If no	it in hospital,				d. STREET ADDRESS				0. 1	S RESID	DENCE
4	VETERANS	B ADMINISTR	ATION	HOS	PITAL		1300 N.	KENW	OOD AVENUE		YES	ON A FA	NO X
3	NAME OF	Fir	st		Middle		Lost	4. DA		th	Doy	Yea	ır
	(Type or print)	GEOR	GE		G.		WALLACE	OF DE	ATH JUNE		4,	19	67
S	SEX	6. COLOR OR RACE	7. MARRIED	X	NEVER MARRIED	3 [. DATE OF BIRTH		9. AGE (In years	IF UNDER 1			24 HRS.
	MALE	NEGRO	WIDOWED		DIVORCED		1/19/36		31 yrs.	Months	Doys	Hours	Min.
		(Give kind of work done			BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, o	or foreign country)	12. CIT	ZEN OF W	HAT	
01	uring most of working	iire, even it retired)		INDUSTR	1		PRINCESS A	INNE,	MARYLAND	U.	S.A.		
T	3. FATHER'S NAME						14. MOTHER'S MAIDEN	NAME	6-6-6-6			1	
	GLENWOO:	D WALLACE			111111		Al	INA M	AE MILLS			1	
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16	. SOCIAL	SECURITY NO.	17. 1	NFORMANT		Addre	ess	MOVE.	114	
L	YES	PL 28	2	20 3	32 83 12	CL	IN.RECORDS	, VA	HOSPITAL,	FT HO	WARD	, MI).
	18. CAUSE OF DE	ATH (Enter only one cou	se per line fo	or (o), (b	o), ond (c).)							AL BET	
	PAKI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) PNE	UMOI	IIA, PNEU	MOC	OCCAL, BIL	ATERA	L		UNK	MON	CAIN
	2041	DUE	-							11.75			
	Conditions, if ony,	e couse (a)		TIC	CRISIS						UNKI	MOM	1
	stoting the under	rlying couse DUE											
	lost.					_	LEUKEMIA					CARS	
. 2	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING	TO DEA	ATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE CO	NOITION	GIVEN IN PART 1(o)		PE	AS AUTO	DPSY ED?
/ ITA											YES	X	NO 🗌
CEPTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	20b. l	DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or	Part II of item 18.)				
MEDICAL	20c. TIME OF INJU Hour o.n	10	Whil		OCCURRED 20 Not While of work		E OF INJURY (Home, for ory, street, office bldg., et		Of. (City or town)	(Cou	nty)	(!	State)
		fy that (t) (this has				m 5	/12/67	19	, to 6/4/6	7 19	, that	PO (1	ve) los
	sow the de	eceosed olive on_E	/4/67		19, one	thot	deoth occurred of):30E	M, from couses	ond on th			
	220. SIGNATURE		1	0			ATTENDING -	MED.	STAFF	22b. DA	TE SIGNED	-	
	1	Wille	rei	20	20.	M.D	. PHYS.	DIRECTO	R PHYS.] 6/	5/67		
	22c. PHYSICIAN'S NAME (Type)	ATTION AT	TT 0031	10	15		22d. ADDRESS	70777	TIOTIA DO 144	A TWEET A BY	-		
/	Trante (1 tpc)	MELLON NE		, M.	D.		VAH		HOWARD, MA		ע		
2	30. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE	REOF	230	. NAME OF CEMETER	RY OR (REMATORY	23d	. LOCATION (City or To	wn)	(County)	(5)	tote)
	REMOVAL (Specify BURIAL		-6/	PC		CH	URCH CEMET	-	PRINCESS A			LANI)
	24. FUNERAL DIRECTO	K 7 1		ELRO	ADDRESS DY O. WITT	SON		D BY REC	1967	GISTRAP'S SI	GNAJURE	o fe	roge
L	a towns	O. Wille	~_ '	2001	+ ORBLEAN		FUNERALI HO			U		U	
				-00-	· OTGETTINGTA	N N	TO TRAIN THE	ل ولنده	117.4				

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please removed sport papers. Pages A and shauld be filed with the State Dept. af Health priar ta buriol, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the hospital ar attending physician. VR A15 (4) 25M 1/67

The state of the property of the state of th

rised a moans.

total Total

Military and a second

STREET - NAVETON IN THE STREET STREET

THE PARTY OF THE PROPERTY OF THE PARTY OF TH

AND THE RESERVE OF THE PERSON

Andrew Control and the same of

STATE OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH o. COUNTY B Randallstown o. STATE b. COUNTY MARYLAND timore. b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) WOODLAWA KANDALLSTOWN. MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? YES in any event, within carban NAME OF DATE Year campletely DECEASED 0F 19 67 6 (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED remove lost birthdoy) Months Doys Hours WIDOWED DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT the death certificate be during most of working life, even if retired INDUSTRY physician and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removaľ, the attending passit permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, grunknown) (If yes give wor or dotes of service 10 AS. A. STOCAIR St. SAMEAS 2 crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY requires that IMMEDIATE CAUSE (o) attending physician. DUF TO burial. Conditions, if ony, which gove (b) rise to immediate couse (o). DUE TO for use as the l Health priar to b stoting the underlying couse this certificate has been last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO by the haspital or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. TO FUNERAL DIRECTOR: After ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram 1967 to be retained saw the deceased alive an and that death accurred at 1.30 h.M. from causes and an the date stated above. DATE SIGNED 22o. SIGNATURE STAFF ATTENDING M.D. DIRECTOR 22d. ADDRESS. 22 PHYSIMAN'S Page 4 may NAME (Type) directar, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) COROLA 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Ochaver Judge

2525 Delle Con boar to shear the The state of the s Westers Limber Kerrel Ventrailer Landeller Lin es to Halenandaria Bellewie Court H. H.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE AND REVLAND

	07933 Them #20 & d Fi CERTIFICAT	E OF DEATH	07922
1.	PLACE DF DEATH a. COUNTY	a. STATE	Where deceased lived, If institution: Residence before admission) b. COUNTY
	Baltimore MARYLAND	Maryl	
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) Towson	1	lide corporate limits, write RURAL and give nearest town) Baltimore
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 37	16 Greenmont Ave 6. IS RESIDENCE
	Towson Convalescent Home	Towson/de	nvelescent/Home yes no to
3.	NAME DF First Middle DECEASED	Last 4.	DATE Month Day Year
	(Type or print) Nannie M. Wa	tkins	DEATH June 6 19 67
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
100	F W WIDOWED DIVORCED CO. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	oct.22,1882	84 yrs.
duri	. USUAL OCCUPATION (Give kind of work done Industry Indus	II. BIRTHPLACE (County	& State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	None None	Baltimore	Md. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME
J	oseph E. Watkins	Elizabeth	Macatee
15.	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
(16	s, no, or unkown) (If yes give war or dates of service) No 213-118-6522 Mr	man man	Towson 4, Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	es.David Til	1man 12 Aighurth Rd
-1	PART I. DEATH WAS CAUSED BY:	1 1 - 1 -	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	enter analy	entertained of the
П	Cenditions, If any, which	weres w	erosos Sayue Sugar
	gave rise to immediate	mais.	Garage Long
	cause (a), stating the DUE TD		
2	underlying cause last. (c)		Land Was All Open
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		ISECONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
~	7 0 0	2 - 1	PERFORMED?
윤ㅣ	Calcific antec stenses. Deafine	200-30+ years	Blinksotyrs, YES NO NO
CERTIFICAT		ess-30+years	PERFORMED?
. 1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	IRRED. (Enter nature of Inju	Blinkes Ofyrs, YES NO W
MEDICAL CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU. DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	PRED. (Enter nature of Inju	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
. 1	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED 20e. PLA factor	PRED. (Enter nature of Injunction of Injunction) CE OF INJUNCY (Home, farm, ry, street, office bldg., etc.)	PERFORMED? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED At Mylle at work 21. I certify that (I) (this hospital) attended the deceased from.	PRED. (Enter nature of Injunction (Enter nature) (E	PERFORMED? YES NO NO NO NO NO NO NO NO NO NO NO NO NO
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED At Mylle at work 21. I certify that (I) (this hospital) attended the deceased from.	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	PERFORMED? YES NO YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year While Not While at work at work at work at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) death occurred at 3.3	PERFORMED? YES NO NO NO NOTE OF PART II of Item 18.) 20f. (City or town) (County) (State) To to the causes and on the date stated above. STAFF 22b. DATE SIGNED
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. Dr.m. 19 While at work at work at work at work 19 at w	CE OF INJURY (Home, farm, ry, street, office bidg., etc.) death occurred at 33 ATTENDING MED. PHYS. DIRE	PERFORMED? YES NO YES NO NO NO NOT NOT NOT NOT NOT NOT NOT NO
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 at work at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive Dn. 19 19 19 19 19 19 19 19 19 19 19 19 19	CE OF INJURY (Home, farm, ry, street, office bidg., etc.) death occurred at 3.3 ATTENDING MED. DIRE	PERFORMED? YES NO NO NO NOTE OF PART II of Item 18.) 20f. (City or town) (County) (State) To to the causes and on the date stated above. STAFF 22b. DATE SIGNED
. 1	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 p. and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Richard N. Tillman BURIAL CREMATION, 123b. DATE THEREOF 123c. NAME OF CEMETER)	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) death occurred at 3.3 ATTENDING MED. DIRE 22d. ADDRESS 3035 St.	PERFORMED? YES NO NO NOT YES NO NO NOT YES NO NOT YES NO NOT YES NO NOT YES NO NOT YES
MEDICAL	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive Dn saw the deceased alive Dn saw the deceased Tromate Section 19 19 19 19 19 19 19 19 19 19 19 19 19	CE OF INJURY (Home, farm, ry, street, office bidg., etc.) death occurred at 33 ATTENDING MED. 22d. ADDRESS 3035 St. OR CREMATORY	PERFORMED? YES NO NO NOT IT I OF IT II OF ITEM 18.) 20f. (City or town) (County) (State)
MEDICAL	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 while at work at work at work at work 19 67, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Richard N. Tillman BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 6/9/1967 Loudon Par ADDRESS	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) death occurred at 33 ATTENDING MED. PHYS. MED. 22d. ADDRESS 3035 St. OR CREMATORY	PERFORMED? YES NO NO NOT IT IN OF IT I
WEDICAL 23a	20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year Hour a.m. 19 While at work at work at work at work at work at work at work at work 19.67, and that 22a. SIGNATURE 21. I certify that (I) (this hospital) attended the deceased from 19.67, and that 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Dr. Richard N. Tillman BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERN REMOVAL (Specify) Burial 6/9/1967 Loudon Par	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) death occurred at 33 ATTENDING MED. PHYS. MED. 22d. ADDRESS 3035 St. OR CREMATORY	PERFORMED? YES NO NO NOT IT IN PART I OF PART II OF ITEM 18.) 20f. (City or town) (County) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath.

VR AIS (4) 20M 1/65

4件是10 特 5种300 P 2 cont fire a contract to the co ondered discharge to Million of mediti Stration in e- - 11 Control of the second of the s transpire to the control of the cont

The state of the s

The final state of the state of

the funeral hin 24 hours after TO HOSPITA RATIZABING PHYSICIAN: The law requires that the death certificate be executed from 24 of death. Page be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove perform papers. Pages 1 and filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after beautied.

VR A15 (4) 15M 7-62

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07940

Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Upperco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road NAME OF BECEASED ITYPE OF PRINT Thomas Jackson Middle Last A. DATE Month Day Yes ON YES NAME Nale Mitte White Whowed Divoracte National statistic County & State, or foreign country) 12. CITIZEN OF WHAT Country 13. FATHER'S NAME Newton Simpson Watts 14. Mother's Maiden NAME Newton Simpson Watts 15. WAS Decaste Ever in u.s. Armed Forces? (If yes or print) Divoracte Saltimore County Clerk Baltimore Co., Md. U.S.A. 15. WAS Decaste Ever in u.s. Armed Forces? (If yes or print) Divoracte Saltimore County Clerk Baltimore Co., Md. U.S.A. Pearl Stansbury Watts, Upperco Hiter Address ONSET AND Divited States of Lower Stansbury Due To Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immediate cause DUE TO Conditions, if any, which gave rise to immedia
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest low) Write RURAL and give nearest lown) Upperco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road 3. NAME OF DECEASED (Type or print) Thomas Jackson SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Dec. 8, 1896 10s. USUAL OCCUPATION (Give kind of work done, during, most of working lide, even if selficed) Returned - Selficial Security No. 13. FATHERS NAME Newton Simpson Watts 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY, (b) Immediate Cause (a), stating the underlying cause last. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest low Upperco d. STREET ADDRESS Old Hanover Road Old
write RURAL and give nearest lown) Upperco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road 3. NAME OF BECERSED (Type or print) Thomas Jackson Watts DEATH Thomas Jackson Watts DEATH June 11, 19 5. SEX 6. COLOR OR RACE White White Widdle Last A. DATE OF DEATH June 11, 19 AGE (in year) FUNDER IYEAR Months Days Hours Hours Months Day Year OF DEATH Jone 10- Last AGE (in year) FUNDER IYEAR Months Days Hours
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Old Hanover Road 3. NAME OF DECEASED (Type or print) Thomas Jackson Watts 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DEC. 8, 1896 Never Male White Widowed Divorced Dec. 8, 1896 Nover Month Day Year Month OF DEATH June 14, 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVER NEV
Old Hanover Road 3. NAME OF DECEASED DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED Never Married Never Married Neve
3. NAME OF DECEASED (Type or print) Thomas Jackson Watts DEATH June 14, 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year 15 UNDER 1 YEAR 15
DECERSED (Type or print) Thomas Jackson Watts B. DATE OF BIRTH Male White Widowed Divorced Dec. 8, 1896 To yrs. 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even, if petitod Retired Baltimore Retired Baltimore County Clerk Baltimore Co., Md. 13. FATHER'S NAME Newton Simpson Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Was Deceased Ever In U.S. ARMED FORCES? White Will will be the companied of the working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and during most of working life, even if petitod and life life working life, even if petitod and life life working life, even if petitod and life life working life working life, even if petitod and life life life working lin
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) 70 yrs. 100. USUAL OCCUPATION (Give kind of work done, during, most of working lide, even, if jettined) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 19. Cause is to immediate cause 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sq. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social Security Sc. Cell Carcinoma of lower jaw 16. Social
Male White widowed Divorced Dec. 8, 1896 70 yrs. Months Days Hours 10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even, if refired) Retired Buttimor County Clerk Baltimore Co., Md. U.S.A. 13. FATHER'S NAME Newton Simpson Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (As. no. or unknown) (Hyosogiwa war or dates of service) WW Mes WWI Clerk Baltimore Co., Md. U.S.A. 16. SOCIAL SECURITY NO. 17. INFORMANT Address WW Mes WWI Clerk Baltimore Co., Md. U.S.A. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions, stating the underlying cause last.
Male White widowed Divorced Dec. 8, 1896 70 yrs. Months Days Hours 10e. USUAL OCCUPATION (Giva kind of work done during most of working life, even if refired) Retified - Baltimore Co., Md. U.S.A. 13. FATHER'S NAME Newton Simpson Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (May no. or unknown) (Hyosogiwa war or dates of service) WW Mes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Months 70 yrs. Months 70 yrs. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME Elva Cedonia Jackson Address Pearl Stansbury Watts, Upperco Md INTERVALENT ONSET AND E Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
dona during most of working life, even if retired) Retired - Baltimore County Clerk Baltimore Co., Md. U.S.A. 13. FATHER'S NAME Newton Simpson Watts Elva Cedonia Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unkown) (If yes give meror dates of service) WW Yes WWI (If yes give meror dates of service) PART I. DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Metastatic Carcinomatosis DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. ONE TO (c) County Clerk Baltimore Co., Md. U.S.A. Belva Cedonia Jackson Address Pearl Stansbury Watts, Upperco. Md INTERVAL BET ONSET AND D. ONSET AND D. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
13. FATHER'S NAME Newton Simpson Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (Iffyesgiswe war or dates of service) WW Les Will 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) 14. MOTHER'S MAIDEN NAME Elva Cedonia Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Pearl Stansbury Watts, Upperco Md ONSET AND E ONSET AND E Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
13. FATHER'S NAME Newton Simpson Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unkown) WW 1
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, po, or unkown) (Hyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 212-03-1818 Pearl Stansbury Watts, Upperco Md 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pearl Stansbury Watts, Upperco Md ONSET AND E ONSET AND E ONSET AND E DUE TO (c)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, po, or unkown) (Hyes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 212-03-1818 Pearl Stansbury Watts, Upperco Md 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pearl Stansbury Watts, Upperco Md ONSET AND E ONSET AND E ONSET AND E DUE TO (c)
(a), stating the underlying cause last. (Ifyes pixe war or dates of service) 212-03-4848 Pearl Stansbury Watts, Upperco Md INTERVAL BET ONSET AND E ONSET AND E ONSET AND E Carcinoma of lower jaw DUE TO (c) DUE TO (c)
18. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse (a), stating the underlying cause last. ONSET AND E DUE TO (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate ceuse (a), stating the underlying cause last. ONSET AND E Metastatic Carcinomatosis DUE TO (c) ONSET AND E ONSET AND E ONSET AND E
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Metastatic Carcinomatosis
Conditions, if any, which gave rise to immediate ceuse (a), stating the underlying cause last. (b) Primary Sq. Cell Carcinoma of lower jaw (c) Cell Carcinoma of lower jaw
(a), stating the underlying cause last. (c)
(a), stating the underlying cause last. (c)
cause last. (c)
10)
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A
PERFO
YES [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING 30b. 60b. 60b. 60b. 60b. 60b. 60b. 60b. 6
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work at work
Hour a.m. While Not While factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from 10-12-66 , 19 , to 6-14-67 , 19, that (I) (
saw the deceased alive on 6-10-67
ATTENDING MED STAFF
HOSPITE WISH M.D. PHYS. DIRECTOR PHYS.
22c. HYSICIAN 2 NAME (Type) JOSEPH F Prod M D
Joseph E. Bush, M.D. 117 S. Main St. Hampstead, Md. 21074
23. BURIAL, CREMATION, 23b. DATE THEREOF Pleasant Grove Cemetery Boring, Maryland Surial
234. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (St REMOVAL (Specify) 6/17/67 Pleasant Grove Cemetery Boring Maryland
23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (SI REMOVAL (Specify) 6/17/67 Pleasant Grove Cemetery Boring, Maryland

Start Standows Tarte, Decaded from ainstance of the second and the second secon Mar Thomas So. Coll Carriage of Toward law Company of the state of the sta .d. . dard .a nescou AND S. Sates St. Ungentherd, and alloyed

07941

CERTIFICATE OF DEATH

07924

0104	Ł	CERTITICATE	OI DEATH		11696	4
1. PLACE OF DEATH			2. USUAL RESIDENCE (Who	ere deceosed lived, if institut	tion: Residence befare adr	nission)
o. COUNTY Baltime	277.4	MARYLAND	a, STATE	b_cou	NIY	
	outside carparate limits,	c. LENGTH OF STAY IN 1b	Mer yland	de corparate limits, write RU	timore	en l
write RURAL and	give nearest tawn)	C. LENGTH OF STAT IN 10				111)
			Catonsville		03.1	
	AL OR INSTITUTION (If not in haspit	ol, give street oddress)	d. STREET ADDRESS	01 01	e. IS	RESIDENCE A FARM?
1917 K	olling Glen Rd.		TATA VOTTI	ing Glen Rd.	YES	A FARM?
3. NAME OF	First	Middle	Lost 4	1. DATE Man	th Day	Year
(Type or print)	Margaret	Weimer		OF June	29, 1967	19
. SEX	6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF U	
F	Wh WIDOW	Tru	Feb. 10, 189	last birthdoy)	Manths Doys Ha	urs Min.
On LISUAL OCCUPATION	WIDOW	KIND OF BUSINESS OR		1101	12. CITIZEN OF WHA	AT
uring most of working I	ife, eyen if retired)	INDUSTRY	11. BIRTHPLACE (County & S	tore, or toreign country)	COUNTRY?	A1
	Wile		Germany		USA	
13. FATHER'S NAME	- 1/-/3		14. MOTHER'S MAIDEN NAM			
Gusta	Meiler		Josephine			
S. WAS DECEASED EVER	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17-M	NFORMAWildegar	Jones Addr	ess	
(1es, no or unknown)	(If yes give wor or dotes of service)		917 Rolling (
18 CAUSE OF DE	ATH (Enter only one couse per line				INTERVAL	BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Auguler die	G. 1 Un- c.	. Co. De o	ONSET A	ND DEATH
11201		series cent	200000		5	gears
HZZ1	DUE TO					
Conditions, if any,	couse (a)					
stating the under						
last.) (c)					
PART II. OTHER SIG	INIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS	
200. ACCIDENT WAS					YES	ORMED?
200. ACCIDENT WAS	IINDERLYING □ · 20b	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Por	t Lor Port II of item 18 \	1125	
OR CONTRIBUTING	☐ CAUSE OF DEATH	TOTAL MOIT MOON! OCCUMED.	(2			
		T INHIDA OCCIDEND TO BEE	CE OF INHIBY /11 4	T 204 (City 1)	(Co t.)	154-1-3
20c. TIME OF INJU	1. W		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
p.m	1. 19 ot:	work L at wark L				
21. I certif	y that (I) (this haspital) att	ended the deceased fram	anuay 10, 19_	53, to June 2	9, 1967, that (I) (we) las
saw the de	ceased alive an June	2 28 1967, and that	death accurred at	YALM, Fram causes	and an the date st	ated abave
220. SIGNATURE	01	D	ATTENDING - ME	ED CTAFF	22b. DATE SIGNED	-
16	cet sten	lup M.E		ED. STAFF RECTOR PHYS.] 6/30/0	-7
22c. PHYSICIAN'S	Manual - Chair	-b W D	22d. ADDRESS		1	
NAME (Type)	Morris Stell	nberg, M. D.	3913 Holl	lins Ferry Re	d.	
3a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CPEMATORY I	23d. LOCATION (City or To	own) (County)	(Stote)
REMOVAL (Specify)	7/1/67	Woodlawn		Baltimore		(aloie)
					-	
24. FUNERAL DIRECTOR Witzke		mondson Ave.	2So. REC'D B		EGISTRAR'S SIGNATURE	
			DATELL 3	1967 80	world Judg	-

within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exec Page 4 may be retained by the hospital or ottending physician.

> VR A15 (4) 25M 1/67

STATE OF THE PARTY

Tell and the Market Contract THE REAL PROPERTY.

. Und 29. Low testes Vetages

- 10 Feb. 10, 1801 78- 18-

Silvensoff V. Assau

ч и ...

asao bagesil . See . And de Lo garlion vici

A THE STREET OF THE STREET OF THE STREET

the same of the sa Modien Con.

and morning to be a comment

. 2	VI		07942	CERTIFICATE	OF DEATH	07925
funeral i ond			PLACE OF DEATH D. COUNTY Baltimo	one Maryland	2. USUAL RESIDENCE (Where deceosed o. STATE Maryland	b. COUNTY Baltimare
haurs after on by the function of the function			b. CITY OR TOWN (If autside carporat write RURAL and give nearest tow	ote limits, c. LENGTH OF STAY IN 16 c. LENGTH OF STAY	c. CITY OR TOWN (If autside carparate li	imits, write RURAL and give nearest tawn)
n 24 ha	96			ON (If not in hospitol, give street address) ursing Home	d. STREET ADDRESS 404 Woodbine Av	e. IS RESIDENCE ON A FARM? YES NO C
d withir			NAME OF DECEASED (Type or print) Loui	First Middle ise Kreigh Welsh	Lost 4. DATE OF DEATH	Manth Day Year June 19, 19 67
e death certificate be executed wit attending physician and completely permit. Then please remove carbo on, or removal, and in any eventrate		S.	emale White			GE (In years as birthday) Manths Days Haurs Min.
cian ond eose re		100 dur	USUAL OCCUPATION (Give kind of war ng most of working life, even if retired) FOUSEWLJE	rkdone 10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (County & State, or fareign Maryland	12. CITIZEN OF WHAT COUNTRY?
th certificating physic Then ple			FATHER'S NAME Charles W. Kreig		14. MOTHER'S MAIDEN NAME Mary Catherine INFORMANT	Hollinger
attending		IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FO s, no, or unknown) (If yes give wor or Vone	r dates of service)		Address Goodbine Ave., Townon, Me
quires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and completely filled in by the funeral buriol-transit permit. Then please remove carbon papers. Pages 1 and 3 buriol, cremation, or removal, and in any eventual hin 72 haurs after degring the please.			18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE	one cause per line for (a), (b), and (c).) BY: E CAUSE (a) DUE TO	, port spec	interval between onset and death
w requires ling physic een signed the buriol- r to buriol,	H		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO (c)	·	
The la attendation of the se os the prior	2	ATION	PART II. OTHER SIGNIFICANT CONDIT	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{NO} \) NO
hospitol or is certificate ached for usept. of Heolt		L CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER	TH ER)	(Enter noture of injury in Part I ar Part II	of item 18.)
y the harder this er this of detacl		MEDICAL	20c. TIME OF INJURY Month, Day, 'Hour'a.m. p.m.	19 While Nat While at work at work	tary, street, affice bldg., etc.)	ity or tawn) (County) (State)
TTENDII ained b OR: Aft nould b				an JUNE 15, 1967, and tha		
be reference be		1	22c. PHYSICIAN'S	Per M.	D. ATTENDING MED. DIRECTOR DIRECTOR DIRECTOR DIRECTOR	STAFF PHYS. D 22b. DATE SIGNED 67
4 may 4ERAL or, po	1			e Russo, M. D.	1010 St. Paul S	treet
TO HOSPITAL OR Page 4 may be 10 FUNERAL DIRI director, page 3 should be filed v			REMOVAL (Specify) Jun		Cemetery Emmit	10N (City or Town) (County) (State)
VR A15 (4) 25M 1/67	M.	24	John Burns' Son	rs, Towson, Maryland	DJUN 2 1 196	25b. REGISTRAR'S SIGNATURE

供证证 40 出版日本

2711

00101 1M1 130 040

1887

0794	3	CERTIFICATE	OF DEATH		OZEVU
o. COUNTY	BALTIMORE	MARYLAND	o. STATE MARYL		LTIMORE
b. CITY OR TOWN write RURAL or FORT HOW.	(If outside corporate limits, and give nearest tawn) ARD	c. LENGTH OF STAY IN 16 60 DAYS	c. CITY OR TOWN (If out	side carporote limits, write RURAL and c	give nearest tawn)
	ADMINISTRAT	in hospital, give street address)	d. STREET ADDRESS 600 WARRET	N ROAD	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print)	First		lost WHEELER	4. DATE Month OF DEATH JUNE	Doy Year 17 19 67
MALE MALE	WHITE	WIDOWED DIVORCED	3. DATE OF BIRTH 11 23 97	69 yrs. Months	
luring most of workin	N (Give kind of work done g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	BALTIMORE (COUNTY, MARYLAND	CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME JOHN TH	OMAS WHEELER		14. MOTHER'S MAIDEN N		
IS WAS DECEASED EV	(If yes give wor or dotes of s	ervice)	NFORMANT IN REC. VE	Address ET. ADM. HOSP. F	F. HOWARD MD.
	DEATH (Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a:	per line for (o), (b), ond (c).)			INTERVAL BETWEEN ONSET AND DEATH DAYS
Conditions, if on	Conditions, if ony, which gove) DUE 10 HEMORRHAGIC PANCREATITIS				Wigners
	rise to immediate couse (a), stating the underlying couse (a) (c) OBSTRUCTIVE JAUND				WEEKS WEEKS
PART II. OTHER	SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO X
OR CONTRIBUTION	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF IN Hour o	JURY Month, Doy, Yeor .m. 19		TE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
saw the o	deceased alive an Ju	tal) attended the deceased fram $rac{f A}{1967}$, and that	pril 18 19 death occurred at		the dote stated above
220. SIGNATURE	nello	quel fra MC	PHYS.	MED STAFE CAM	DATE SIGNED 5 17 67
22c. PHYSICIAN NAME (Typ	0 002 11 11	AQUEL, Jr., M.D.	vet. ADM.		
230. BURIAL, CREMAT REMOVAL (Specif BURIAL	11 6-21	-67 DULANEY MEMOR	RIAL GARDENS		
24. FUNERAL DIRECT	- Callin	WMRESSCOOK-B: 1050 York 1	LOOKE	N 2 1 1967 PCLE	s signature

Towson, Maryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

The company of the co AUGUSTAN DESCRIPTION OF THE OWN OF THE PROPERTY OF THE STATE OF THE ST

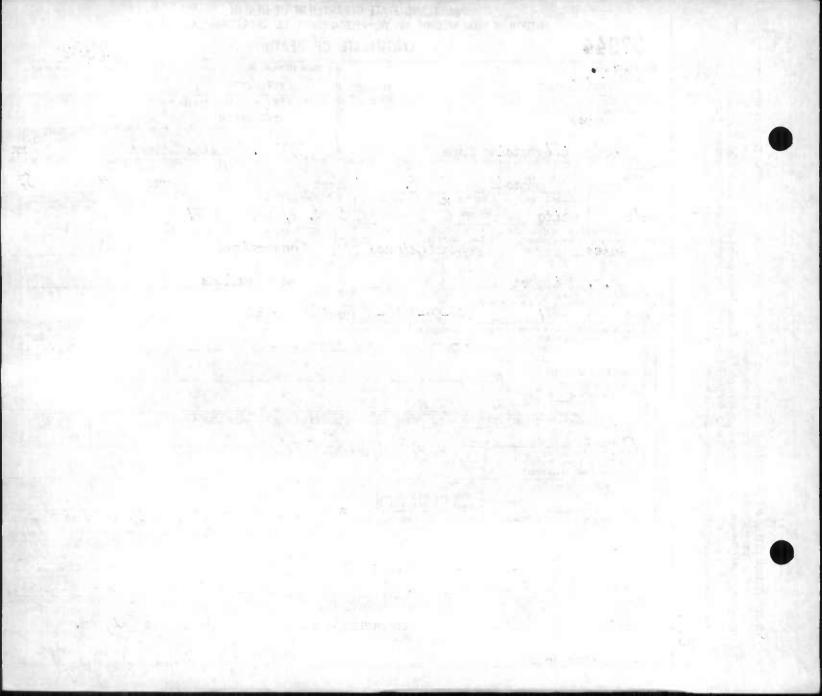
07944

CERTIFICATE OF DEATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COLINTY b. COUNTY Maryland Baltimore MARYLAND by the tr papers. rus. 72 hours afte b. CITY OR TOWN (If autside carparate limits, write RURA+ and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b Baltimore filled in b d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 Charles Street 40 Holly Hill Nursing Home YES NOXX NAME OF Middle 4. DATE Year remove corban DECEASED Whitaker 67 Harold lune event, (Type ar print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 7. MARRIED Jast birthday) Months Sept. 2, 1895 white any WIDOWED DIVORCED male puo 11. BIRTHPLACE (County & State, or foreign country) IDa, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT and in COUNTRY? during mast of warking life, even if retired) INDUSTRY Paper Business onnecticut Jales 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal, Mary Cumminos ottending p 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, na, ar unknawn) (If yes give war ar dates of service) Family records signed by the otte burial-transit perm burial, crematian, c INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) 4111X DUF TO Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause as the hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health g NO certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 2Dc. TIME OF INJURY Manth, Day, Year 2De. PLACE OF INJURY (Hame, farm, (City or town) 2Dd. INJURY OCCURRED (Caunty) (State) factory, street, affice blda., etc.) Nat While TO FUNERAL DIRECTOR: After at wark 21. I certify that (1) (this hospital) ottended the deceased from many , 1965, 70 be retained 1967, and that death occurred at 530M, from causes ond on the date stoted obove. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Baltimore 1 greenmount (emetery 24. FUNERAL DIRECTOR Burns Sons

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death O HOSPITAL

VR A15 (4) 25M 1/67



01310	CERTIFICATE	OF DEATH	U	1928
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		idence befare odmission)
BALTO	MARYLAND	o. STATE Md.	b. COUNTY	ARROLL
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo		give neorest town)
Towson			stend	3002
J. NAME OF HOSPITAL OR INSTITUTION (If not in I	haspital, give street address)	d. STREET ADDRESS	MAIN	e. IS RESIDENCE ON A FARM?
REATER BALTO.	Medi Center	6-101-11-6	Hes E	YES NO X
NAME OF First	Middle	Last 4. DATE OF		Day Year
(Type or print) SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.
H- 4-	IDOWED DIVORCED	5-9-1900	last birthday) Mant	hs Days Haurs Min.
. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTAPLACE (County & State, or		2. CITIZEN OF WHAT
ring mas to working life, even if retired)	INDUSTRY	BALTO		COUNTRY?
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ORTIMORE W.	DAWES	ZIIA Khoda	<u>-</u> S	
."WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	rice)	INFORMANT	Address	
NO	1245-07-5/10 He	ospital Chai	rl	
1B. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:		1 = 1		ONSET AND DEATH
IMMEDIATE CAUSE (o)	X osperato Re	1 Taccer	-	
Canditions, if any, which gave (b)	Cereb to Me	fastasion =	CVA.	
nise to immediate cause (a), Stating the underlying couse DUE TO	- 01	1		1
last. (c)	Concer of be	east = jack for	teriste	2000
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GI	VEN IN PART I(a)	19. WAS AUTOPSY PERFORMED?
AR	teriorclero	sis		YES NO
20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or P	art II af item 18.)	
20c. TIME OF INJURY Manth, Doy, Year Hour'a.m. p.m. 19		CE OF INJURY (Hame, farm, tary, street, affice bldg., etc.)	(City ar tawn)	(Caunty) (State)
21. I certify that (I) (this haspital		, 19,	ta,	19, that (I) (we) la
saw the deceased alive an	19, and tha	t death accurred at		n the date stated abov
220. SIGNATURE	oal	ATTENDING MED.	STAFF STAFF	DATE SIGNED
22c. PHYSICIAN'S	M.	D. PHYS. L. DIRECTOR 22d. ADDRESS	L PHYS.	6-11-61
NAME (Type)		220. ADDRESS		
a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d.	LOCATION (City or Town)	(County) (State)
Buriatipecify) June 20			perco Balto	
4. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGIS		
Tipton - Eline Funer:	al Home Hampstead,	Md. DATELIN 9 1	1007 Ochon	elas Indas.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 moy be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in by the funeral director, page 3 should be detoched far use os the buriol-tronsit permit. Then pleose remove corbon papers. Pages / and should be filed with the Stote Dept. of Health prior to buriol, crematian, or removal, ond in only experimentally him 72 hours offer death

The state of the s 2...

SACTE:

.... Seemeens ones form as and -

THE ESTERAL

USSA

GREMBIC BALTO. MEd. CENTER 6701 W. Charles

Ethel MAN White F CAU X = 5-9-1900 61

BALTO Housewife

MORTHORE WITHORE DIM Rhodes

215-07-5710 Hospital Chart

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS STREET, BALTIMORE, MARYLAND 21201

07946	CERTIFICATE	OF DEATH	079	23
1. PLACE OF DEATH a. COUNTY Balture 673	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Mary Law		ence befare admission)
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Bulfiult	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate Baltuu Orz.	limits, write RURAL and gi	03.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Fruenty Baltimor)	Ospital, give street address) Medicial Courton	d. STREET ADDRESS 8802 Fearne	Cevenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Howard.	Middle S	Whitmore OF DEATH	Manth 6	Day Year 23 1967
wale while wie	DOWED DIVORCED	12-12-18 4	last birthdoy) Months yrs.	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Gil Co-	11. BIRTHPLACE (Caunty & Stote, or forei		OUNTRYP
Harry Whilmorz			ESSIE	
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknawn) (If yes give war ar dates af service)	(e) 011 1 0/1/h/	INFORMANT BE HOSPITAL RECORD	Address S	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause OUE TO Lost. (c)	Arteriosclero	Tric cardio Vasc		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Part I ar Part I	I af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Haur a.m. 19		CE OF INJURY (Hame, farm, lary, street, affice bldg., etc.)	(City ar tawn) (C	aunty) (State)
21. I certify that (1) (this hospital) saw the deceased alive an	attended the deceased from19 6), and tha	t death accurred at 5'5 PM,	fram causes and an	(L), that (I) (we) last the date stated abave.
220. SIGNATURE R. Brei 22c. PHYSICIAN'S NAME (Type)	tenecker M.	ATTENDING - MED.	STAFF PHYS. 22b.	DATE SIGNED (24/6)
230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24. FUNERAL DIRECTOR	23c. NAME OF CEMETERY OR Gardens of		TION (City ar Tawn) timore Cou	
	ON 8802 Harfor		1967 Action	rles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deoth. Poge 4 moy be retained by the hospital or ottending physician.

VR A15 (4) 25M 1/67

Thereto Balt were Wednesd Control of the street in itumining 2 September للامنا الإستفاد Per charing square amount of Baltonia Harrie Walnut To Marie Contract STROUGH SECOND STROUGH SECONDS The face bearing the second south of the

	MAKTLAN	D STATE DEPAR	TIMENT OF	HEALIN	
DIVISION OF	VITAL RECORDS,	301 W. PRESTON	STREET, BALT	TIMORE, MARYLAND	21201

07947

CERTIFICATE OF DEATH

	0.02.						5		
	PLACE OF DEATH	3.00			Where deceased lived, if i		e before odmission	n) /	
	o. COUNTY	Baltimore	MARYLAND	o. STATE		. COUNTY	croll	V	
	b. CITY OR TOWN (I	f outside carparate limits.	c. LENGTH OF STAY IN 16		C. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn)				
write RURAL and give nearest town) Towson 26 days				Mostm	inster	0.	6.2		
		AL OR INSTITUTION (If not in I	naspital, give street address)	d. STREET ADDRESS	mster	4/0	e. IS RESIDE		
	0						ON A FAI	RM?	
2	NAME OF	rer Baltimore First	Medical Center	1 19 W	Main Stree	Month Month			
	DECEASED			Last	OF	Month	Doy Year		
_	(Type or print) SEX	Ethel	Marie Wi	T T GITTE	9. AGE (In ye	June ars IF UNDER 1	YEAR IF UNDER		
٥.	3EV		MARRIED NEVER MARRIED	B. DATE OF BIRTH	last birthd		Days Hours	Min.	
	F	7.7	IDOWED DIVORCED	July 20, 190		yrs.			
	i. USUAL OCCUPATION ing mast of warking	(Give kind of wark dane	IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, ar fareign country)	12. (11)	IZEN OF WHAT		
001		ire Finishe		v Westmins	ster, Md.	Ĭ	JNTRY?		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN					
	BAX	TER BOWERS		Emma WAC	ENER				
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	. INFORMANT		Address			
(Ye	os, na. or unknown) NO	(If yes give war or dates of serv	214-16-1946	Patient	's Histor	У			
_	1B. CAUSE OF DE	ATH (Enter anly ane cause pe	er line far (a), (b), and (c),)				INTERVAL BETV	WEEN	
		TH WAS CAUSED BY:	Peritonitis				ONSET AND DE		
	172	IMMEDIATE CAUSE (a) DUE TO	TOTTIONTITS						
		Conditions if any which ages							
	rise ta immediat	e cause (a).	Pertoralion	OT COTON					
	stating the under	tating the underlying couse (
		Cat C I noma of endoment full (a ref The)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?					D?				
BE							YES	NO	
RTIFI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part 1 or Part II af item 1	.B.)			
3		MEDICAL EXAMINER)							
MEDICAL CERTIFICATION	20c. TIME OF INJU	JRY Manth, Day, Year		PLACE OF INJURY (Hame, farm		wn) (Cau	nty) (S	itate)	
ME	p.r	10	While Nat While at wark	actory, street, affice bldg., etc.					
	21. I certif	by that (1) (this haspital) attended the deceased fram_	May 91	967 , to June	3 , 196	7. that (1) (w	ve) last	
	saw the deceased alive an June 3 1967, and that death accurred at 10.40M, fram causes and an the date stated abave.								
22a. SIGNATURE					ATTENDING MED PM STAFE 22b. DATE SIGNED				
	(John Z,	Adam	M.D. PHYS.	MED. STAFF PHYS.		une 4. 1	967	
	22c. PHYSICIAN'S			22d. ADDRESS			110	201_	
	NAME (Type)	John E. Ada	ms, M.D.	6701 N	. Charles S	treet, To	owson, Md	•	
230	BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City	ar Tawn)	(County) (St	ote)	
	REMOVAL (Specify		7 Meadow Bra	anch	Carrol	- ~	Md.		
24	. FUNERAL DIRECTO	R	ADDRESS		The second secon	Sha REGISTRAR'S SI			
C	. M. Wa	ltz Box 241	Sykesville, M	id. JAN	7 1967	wares	1		
			7	DULL.	v //				

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cardolecaty filled in by the Juneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

The second of th and the second s · I was referred by the control of t . . را = د ب د د ا

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11/2		17948 CERTIFICATE OF DEATH
degm. neral and 2	5	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
uneral and	5	o. COUNTY Baltimore MARYLAND O. STATE Maryland b. COUNTY Baltimore
tter e fu	D	b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town)
by the f	2	write RURAL and give negrest town)
haurs after I by the fur S. Pages 1	3	ESSEX (CI)
d in	7 11	ON A FARM?
filled in Pagers.	00	551 Sue Grove Road YES NOWEX
kecuted within 24 haurs after completely filled in by the fu move carban papers. Pages in November Appears, Pages in November after a mithin 72 haurs after a mithin 72 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin 75 haurs after a mithin		3. NAME OF First Middle Last 4. DATE Month Doy Year OF
d w	ì	(Type or print) FREDRICK E. WILSON DEATH JUNE 12, 1987
omplete		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Just birthday) Months Days Hours Min.
ox pu		Male White WIDOWED DIVORCED Nov. 10, 1900 66 Yrs.
physician and composed please remove	5	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT COUNTRY?
dan dase	2	during most of working life, even if retired) Machinist Can Co. Baltimore, Md. COUNTRY? USA
sic ple	· ·	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ph bh	3	Benjamin Wilson Christina Schrott
2 in 10	D	NE WAS DEFEASED FUND IN HE ADMED FORCES AND SECURITY NO. 17 INFORMANT
attending permit. The	5	(Yes no, ar unknawn) (If yes give wor or dates of service) 213 01 0196A Cassie Freda Wilson Same
that the death certiticate I ian. by the attending physician transit permit. Then please	E)	INTERVAL RETWEEN
that than an. by the transit properties		PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) CORONARY OCCL USION ONSET AND DEATH SOBER JEATH
the day	<u>ש</u>	LA DIE HUDER TENSIVE CARDIO-VASCULAR
physici physici signed burial-t	<u> </u>	Canditions, if any, which gave) (b) DISEASE
phy phy sign		rise to immediate couse (a),
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and complete as as the burial-transit permit. Then please remove can be used to the principle of the property of the p	2	stating the underlying couse (c)
end end s be		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a).
	2	PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CORRED. (Enter noture of injury in Port I or Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
IAN: The cal ar at ficate ha far use far use		20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certifical je 3 shauld be detached fa		© OR CONTRIBUTING □ CAUSE OF DEATH
YSI rasp cer che		
the has this ce detache	2	Hour a.m. While — Not While — factory street, affice bldg, etc.)
by the free free de	5	p.m. '' grwork — grwork —
d b d b	214	21. 1 certify that (1) (this haspital) attended the deceased fram JUNE 10 , 1961, ta JUNE 12, 1967, that (1) (we) last
S S S S S S S S S S S S S S S S S S S	2XX	saw the deceased alive an FED 6 1967, and that death accurred at 45 A M, fram causes and an the date stated above
E E E	J. John	220. SIGNATURE M.D. PHYS MED. STAFF 122b. DATE SIGNED M.D. PHYS DIRECTOR PHYS. 6/12/67
be r	B/10	
AL AL	EW.	72c/PHYSICIAN'S / NAME (Type) Joseph Miceli, M. D. 108 5. TAYLOR AVE ESSEY, M.D.
4 may NERAL C	E Hal	
Page 4 may log Functor, page director, page directo	3	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
TO HOSPITAL OR ATTI Page 4 may be retain TO FUNERAL DIRECTOR director, page 3 share	1	
VR A15 (4 20 M 1/6		Designation of the State of the
20 M 1/6	Q 166	DATE DATE

(13) 412

for the thought and

nest Little At East conflict

STORES E. WILLOW

.or mil

Estex (21)

bear three etc. Ite

Nov. 10, 1900 55

.0 .041.61326

212 41 01 VA Course Frede Alison Use

of a production of the contract and the relations, etc.

. W. mind on Volt a on in the first franchistics

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07943

CERTIFICATE OF DEATH

07933

									0.00			
	PLACE OF DEATH	Baltimore				2. USUAL RESIDENCE o. STATE	(Where deco	eased lived, if institution		ce befor	e odmissi	an)
13.	o. COUNTY	Darcimore		MARYLAN	ID D	Md.		0. (0		ltir	more	
	b. CITY OR TOWN (1	f outside corporate limits,		c. LENGTH DF STAY IN 1	b	c. CITY OR TOWN (If o	outside corp	arate limits, write R	URAL and give	e neares	st tawn)	1 1 1 1 1
	Timo	ndendearest town)		Yrs.			Timor	ium		0:	3.1	
	d. NAME DF HOSPITA	AL DR INSTITUTION (If not	in haspital, g	ive street address)		d. STREET ADDRESS		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			e. IS RESI DN A F	DENCE ARM2
	2418 Y	ork Rd.				241	8 Yor	k Rd.	8279			ND #
	NAME DF	First		Middle		Lost	4. DATE	Ma	nth	Day	Ye	ar
	DECEASED (Type ar print)	Minnie I V	Vilson				DEAT				19	
5.	SEX	6. CDLDR OR RACE	7. MARRIED	NEVER MARRIED		. DATE DF BIRTH		AGE (In years last birthday)	Months Months	1 YEAR Doys	Haurs	R 24 HRS. Min.
	F	Cauc	WIDOWED #	DIVORCED [Sept 23,18	382	84 Yrs.		Dola	lidois	74011.
		(Give kind of work done		ND OF BUSINESS DR DUSTRY		11. BIRTHPLACE (Count	y & State, or	fareign cauntry)		TIZEN DE		
duri	ing mast of warking Homema		180	DUSTKT		Middleto	own. E	Balto. Md		LS.		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN						
	Sar	nuel S. Trac	ev			Mar	777 A	Grim				
	WAS DECEASED EVE	R IN U.S. ARMED FDRCES?	16. 9	DCIAL SECURITY ND.	17. 11	NFDRMANT	7		dress			
(Te	No.	(If yes give war or dates af		14 18 2072	G	retta Dorn	2418	Vork Dd				
		ATH (Enter only one couse				0 0	7		7		ERVAL BET	
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH											
	4200	DUE T	. /	1//	7	1-1		111	(12 wt.)	1	100	1300
	Conditions, if any,		700	thurse	u	the the	ear	I aus	easo			775
	rise to immediate		D 2 1	1 010	. /					×		
	last.) (0)/0	man fre	ue	and the				- K	100	
z	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING T	D DEATH BUT NOT RELATE	D TD T	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART I(a)	18-33	19.	WAS AUT	DPSY MED?
ATIO											ES 🔲	NO F
CERTIFICATION	2Do. ACCIDENT WAS		205. DE	SCRIBE HOW INJURY DCCU	RRED. (Enter noture of injury in	Part I or F	Port II of item 1B.)		100	- 1955	
		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL		IRY Manth, Day, Yeor				E DF INJURY (Hame, far		. (City ar tawn)	(Cor	unty)		(State)
MET	Hour o.n	10	While at work	Not While	tacto	ory, street, office bldg., etc	(.)					
		fy that (I) (this hasp	ital) attend	ded the deceased fro	ım_	Bu.	1966	to Jean	19	2 , th	nat (1) ((we) las
		eceased alive an	pure-	12 19 67, and	that	death accurred a	16.957	M, from cause				
	22a. SIGNATURE	Ti	11/	1 1000		ATTENDING	MED.	STAFF	22b. D.	ATE SIGN	IED	-1-
	(penostrol	Ha	my MD.	M.D	PHYS.	DIRECTOR		1 Jun	اسلا	11,1	767
	22c. PHYSICIAN'S					22d. ADDRESS		7 - 6 - 6	0			13/3
	NAME (Type)	Jamsh	nid Har	med		209 J.J.	ppa B	d, Towso	n, Md.			
230	BURIAL, CREMATIC			23c. NAME DE CEMETER			23d.	LDCATION (City or	Tawn)	(County) (Stote)
	REMODIAL (Special)	June 2	21,67	Jessops,	Me			arks, Ba				
24	. FUNERAL DIRECTD			ADDRESS			'D BY REGI		REGISTRAR'S S		RE	
	Wm. Co	ook-Brooks T	owson	. 1050 You	rk E	DATE !	IN 2.	1967	Milar	CEO)	horas	-

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. Pages Landshould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 172 hours afterceat Page 4 may be retained by the hospitol or attending physician.

VR A15 (4)

HANG TO THE MANUAL TO SELECT THE SECOND SECO

0000	U		CEKTIFIC	LAIE	OF DEATH			UAS	りるま		
I. PLACE OF DEAT o. COUNTY	Baltimore		MAKYLAND						Baltimore		
Revite RURAY	I (If outside corporate limit and give negrest tawn) 	s, c.					corporate limits, write RURAL and give nearest town) Baltimore				
	PITAL OR INSTITUTION (IF no 131 Northwir		street oddress)		d. STREET ADDRESS 3131 Nor	thwind	Road		0	S RESIDENCE ON A FARM? NO	
3. NAME OF DECEASED (Type or print)	BERNARD	J.	Middle WINTER		Last	4. DATE OF DEATH	Mon June	8,	Doy	Year 1967	
s. sex male	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	i Ma	DATE OF BIRTH By 24, 1875	5	AGE (In years lost birthday) 92 yrs.	Months 1	Doys H	UNDER 24 HRS. lours Min.	
	ON (Give kind of work done ng life, even if retired)	INDUS	of BUSINESS OR TRY ng & prod	uce	11. BIRTHPLACE (County Baltimore	Md.			IZEN OF WE UNTRY? A	TAH	
13. FATHER'S NAME	Nicholas W				14. MOTHER'S MAIDEN N Elizabe		ohmeier			W	
1S. WAS DECEASED (Yes, no, or unknow	VER IN U.S. ARMED FORCES? (If yes give wor or dotes or	of service) 16. SOCI 217	al security no. '-05-6228A'		ormant rnard L. F	. Wint	er, 4300		Ave.	6	
	DEATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Grte	(b), and (c).)	te k	Peart dese	use			INTERV	AL BETWEEN AND DEATH	
Conditions, if o	DUE	(b) Care	eenoma i	7 10	e recti	en		70	2/2	- gre	
PART, II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO D			TERMINAL DISEASE COM	DITION GIVEN			19. WA PER YES [AS AUTOPSY REORMED?	
OR CONTRIBUTI											
Hour	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 20d. INJURY OCCURRED While of work of all work of										
	21. I certify that (1) (this haspital) attended the deceased fram april 20, 1947, ta fine 8, 1967, that (1) (we) la saw the deceased alive an fine 8, and that death accurred at 400 M, fram causes and an the date stated above										
220. SIGNATU	Aller	v		M.D.		MED. DIRECTOR [STAFF PHYS.		ATE SIGNED	7	
22c. PHYSTCTA NAME (Ty		rd J. Ale	ssi		22d. ADDRESS 6217	Har for	d Rd, B	altimo	re	•	
230. BURIAL, CREMA REMOVAL (Spe			3c. NAME OF CEMETE Holy Rede			Bal	ATION (City or To timore,	Md.	(County)	(Stote)	
24. FUNERAL DIRE	J. Ruck, Inc	Harí	ADDRESS ord Rd, B	Balto		BY REGISTRA	1967	EGISTRAR'S SI	GNATURE S	udge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, virtum 22 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital ar attending physician.

and the contract of the first o ALL AND THE RESERVE THE PROPERTY OF THE PROPER

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07951

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07935

STATE		079	51	MED	ICAL EXAMINER'S	S CERTIFICATE	OF DEATH		079	135
H DEPT.		LACE OF DEATH L. COUNTY	BALTIMORE		MARYLAND	2. USUAL RESIDENCE a. STATE M	(Where deceased live	d, if institution: b. COUNTY	Residence befo	
Department	ł	o. CITY OR TOWN (I write RURAL and	f autside corporate limits give nearest town) Essex	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporote limit	ts, write RURAL o	and give neare	st tawn)
Depo	(I. NAME OF HOSPITA	AL OR INSTITUTION (If no 4 Goellers			d. STREET ADDRESS	Goellers	Avenue		e IS RESIDENCE ON A FARM? YES NO
the Stat	- 1	VAME OF DECEASED Type or print)	Fir		Middle	last WITTLER	4. DATE OF DEATH	Manth June	Da	
	S. 5	11 /	6. COLOR OR RACE White	7. MARRIED WIDOWED		B. DATE OF BIRTH	9. AGE	(In years IF		Hours Min.
urs ofter deoth	10a. duri	USUAL OCCUPATION mg most of working	(Give kind af wark dane		IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (State			12. CITIZEN O COUNTRY	?
nours or	13.	FATHER'S NAME		?	>	14. MOTHER'S MAIDEN	NAME >			
72	(Ye		R IN U.S. ARMED FORCES? (If yes give war ar dates a	f coming l	SOCIAL SECURITY NO. 17	ETHEL FIS	CHER	Address 450	ELLEI	95 AVE
as a buriol-tronsit ond in ony event v		Conditions, if ony, rise to immediat stating the under last.	which gove e couse (o), rlying cause	(a) TO (b) (c)	Arterioscler				OI	TERVAL BETWEEN NSET AND DEATH
removol,	CERTIFICATION	PART II. OTHER SII			TO DEATH BUT NOT RELATED TO				V	WAS AUTOPSY PERFORMED?
0	A CERTIF	PRIMARY Or COL CAUSE OF DEATH.	VTRIBUTING		ESCRIBE HOW INJURY OCCURRE					
	MEDICAL	20c. TIME OF INJU Haur a.n p.n	10	20d. I While ot war	Nat While f	LACE OF INJURY (Hame, far actary, street, affice bldg., etc		ar tawn)	(Caunty)	(State)
nedilli prior to buridi, di		death result ACTUAL SIGNATURE	y that I taok charge red fram: Natura Charles S.	S.	Sit	Jicide , Hamicid CHIEF MEDICA M.D. ASSISTANT ME DEPUTY MEDIC	1	rmined mann	er 🗌	d in my apinio 22. DATE SIGNED 1967
Health prior		BURIAL, CREMATIC REMOVAL (Specify BURIE	94 7/1/	REOF	23c. NAME OF CEMETERY OF PARK WOO	0	BAL	(City ar Tawn)	(Count	y) (Stote)
(5)	24.	FUNERAL DIRECTO			ADDRESS ADDRESS		D BY REGISTRAS	7 2Sb green	RAR'S ALGNA	Sidge

STATE OF THE PERSON NAMED IN THE PARTY OF TH

State of the state

VR A15 (4) 15M 4-64 3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 17952 CERTIFICAT	E UF DEATH									
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)									
a. COUNTY	a. STATE b. COUNTY									
Baltimore Co. MARYLAND	Maryland A.A.Co.									
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Baltimore	Baltimore 022									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?									
Foxleigh Nursing Home	5231 Patrick Henry Dr. YES NO X									
3. NAME OF First Middle	Last 4. DATE Month Day Year									
DECEASED (Type or print) (Secre	We / PF DEATH 6 5 1967									
5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS.									
	last birthday) Months Days Hours Min.									
Male White WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	June 13, 1891 75 yrs.									
during most of working life, even if retired) INDUSTRY	COUNTRY?									
Guard Edgewood Armenal	Germany U.S.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
unknown	unknown									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address									
(Yes, no, or unkown) (If yes give war or dates of service)	es. Dorothy Oliff - 3509 Hillsmere Rd. (7)									
	interval Between									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer or a	a Lung 4 months									
163X DUE TO										
Conditions, if any, which) (b)										
gave rise to immediate (
underlying course lead										
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEVANT OF CONTRIBUTING TO DEATH BUT NOT RELEVANT OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Power of the contribution of the contri	PERFORMED!									
0	YES NO									
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)									
G (IF EITHER, NOTIFY MEDICAL EXAMINER)										
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
Hour a.m. D.m. 19 While Not While Tact	tory, street, office bldg., etc.)									
	5-2, 1967, to 6-5, 1967, that (11) (we) last									
21. I certify that (II) this hospital) attended the deceased from	10-11									
	Saw the deceased drive on the same of the									
1 h. 1/6	222 SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 6-5-6-7									
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Lugar Rd Dwings Mills Md.									
Lavid + Mills										
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)										
Burial June 8. 1967 Baltimore Na	ational Cem. Baltimore, Maryland									
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
George J. Gonce - 4001 Ritchie Hgwy., Bal	timore DANN 9 1967 fundaments									

wienlain!

wie white the Karaman Stune 13, 1871 FS ... constant facets books to reserve

1916 - 1919 - 19-00 - 19-00 - 19-00 - 1900 -

Burnel June 8, 1507 Hall nove delicated Sec. Helding States Force . Junes - 1991 Attended Bevy., a character 1867 y Charles y Charles

2.5	07953		CER	TIFICATE OF	F DEATH			07937	7
l-end er deoth	o. COUNTY Bal	timore			ISUAL RESIDENCE (V). STATE Marylar		ved, if institution: R b. COUNTY	esidence before	odmission)
s. Pages 1.	b. CITY OR TOWN (If write RURAL and c	outside corporote limits, ive nearest town) ethorpe	c. LENGTH OF	STAY IN 1b c. CI	ITY OR TOWN (If ou Haletho		mits, write RURAL or	nd give neorest	town)
hin 72 ho	d. NAME OF HOSPITAL 1915 Wood	OR INSTITUTION (If not in h	ospitol, give street oddres		TREET ADDRESS 1915 Wood	dside Av	re.		IS RESIDENCE ON A FARM?
y event, within 72	NAME OF DECEASED (Type or print)	First Frank	Middl A	e	Lost Wood	4. DATE OF DEATH	Month June	Doy 5.	Year 1967
any event,		5. COLOR OR RACE 7. M	ARRIED NEVER MA	ARRIED B. DAT	TE OF BIRTH 0/27/96	9. AG	E (In years IF U	- 7	Hours Min.
ondin	oo. USUAL OCCUPATION (uring most of working lift Installat	Give kind of work done	10b. KIND OF BUSINESS INDUSTRY F. A. Day	ris	BIRTHPLACE (County)	1	country)	12. CITIZEN OF COUNTRY?	WHAT
= 5		am Wood				ary E. E	Cyler		
permit. The	S. WAS DECEASED EVER Yes, no, or unknown) (I Yes	N U.S. ARMED FORCES? i yes give wor or dotes of servi WWIL	(ce) 16. SOCIAL SECURITY 213-03-79		Mant Leonora	Wood 1	Address 915 Woods	side Av	e.
in signed by the burial-transit to burial, cremoti	1B. CAUSE OF DEA PART I. DEATH 4420 / Conditions, if ony, v rise to immediate stoting the underly last.	ouse (o),	Corona	hypeards	Keny a	sch	P		VAL BETWEEN T AND DEATH
of Health prior	PART II. OTHER SIGN	IFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	T RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVEN IN	PART 1(o)	19. V P YES	VAS AUTOPSY ERFORMED? NO
		CAUSE OF DEATH	20b. DESCRIBE HOW INJU	RY OCCURRED. (Enter	noture of injury in a	Port I or Port II o	of item 1B.)		
ote Dept	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yeor 19	20d. INJURY OCCURRED While Not While of work of work		INJURY (Home, form reet, office bldg., etc.)		ty or town)	(County)	(Stote)
be filed with the Sto	21. I certify	that (I) (this hospital) eosed alive an Consum B Sch Morris B. S	rattended the decection in the second	Z, and tha√dea M.D. P	th occurred at	MED. DIRECTOR	STAFF PHYS. 2	19 67, tha an the date 2b. DATE SIGNEY	
should be	30. BURIAL, CREMATION REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR	23b. DATE THEREOF 6/8/67		cemetery or crema pod Cemete 2122	ry	23d. LOCATIO Baltim BY REGISTRAR	2Sb. REGISTR	(County) AR'S SIGNATURE	(Stote) Md.

not be a state and must contract the way of a promotive a union. COST CONTRACT CONTRACT OF STATE OF STAT STATE OF STA

.out outhout all to have but .man outlet -c. 2 .

. Section 1. Control of the control of the control of

07954

CERTIFICATE OF DEATH

	H./A.X							
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)							
o. COUNTY Baltimore MARYLAND	o. STATE Maryland b. COUNTY BALto.							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give peorest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)							
write RURAL and give neorest town) Arbutus	Arbutus 03/							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
163 Oaklee Village	163 Oaklee Village YES NO							
3. NAME OF First Middle DECEASED Common T	Lost 4. DATE Month Doy Year							
(Type or print) George	ionkunas DEATH June 20 19 6/							
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 1 Jast birthdoy) Months Doys Hours Min.							
Male White WIDOWED DIVORCED	2-13-1902 65 yrs.							
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT							
Retired Tailor	Lithuania (OUNTRY? U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Jankunas	Aneli Kacanauskas							
(Yes no or unknown) (If yes give wer or dates of service)	INFORMANT Address							
No No lift yes give wor or doles of service) 214-03-4891 Mr.	s. Ada G. Yonkunas, 163 Oaklee Village							
18. CAUSE OF DEATH (Enter only one couse per line to (0) (b), and (c).)	INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e cal Anfartrus ONSET AND DEATH							
260X DUE TO	000/01/10							
Conditions, if ony, which gave (b)	gd ask h							
rise to immediate couse (o), stoting the underlying couse DUE TO	The state of the s							
lost. (c) leabel	* Mellete							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFE MEDICAL SYMMER)	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \[\] NO							
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Port II of item 18.)							
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Hour o.m. While of work of work	tory, street, office bldg., etc.)							
21. I certify that (I) (this haspital) attended the deceased fram_	men 13, 1967, to Here Jo, 1967 that (11) (we) las							
saw the deceased alive an Sylland 1967, and that	t death accurred at 32% M, from causes and an the date stated above							
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED							
Jan Helles M.								
22c. PHYSICIAN'S NAME (Vpe) Dr. John Healy	22d. ADDRESS							
	1311 Francis Avenue							
230. BURJAL REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	((((((((((((((((((((
Burial 6/5/6/ St. Stanislau	1220							
24. FUNERAL DIRECTOR ADDRESS ADDRESS 4107 Wilkens Ave	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Howard H. Hubbard 4107 Wilkens Ave	· DATE IIIN 5 1967 PCharles Judge							

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please I move tarbon papers. Pages I and Shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in the with the State Dept. of Health prior to burial, cremation, or removal, and in the state within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 moy be retained by the hospital or ottending physicion.

VR A15 (4) 25M 1/67

A SECTO MALLEY TO A 1 KE STA LESS TO BOOK THE TOTAL THE TEN . We attribute two your material . I stopped DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07955		CERTIFICATE	OF DEATH		07939
1. PLACE OF DEATH o. COUNTY Balt:	imere	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary		on: Residence before odmission) TY Baltimore
b. CITY OR TOWN (If outside co write RURAL and give neare Rural—Balt	inore	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporote limits, write RURA Baltimore 21:	
d. NAME OF HOSPITAL OR INSTI	TUTION (If not in hospitol, llinsdale Ro		d. STREET ADDRESS	716 Cellinsdal	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print)	VICTOR		PACOSTA	4. DATE Month OF June	6, 19 67.
s. SEX Male 6. COLOR Whi		NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 30,1893	9. AGE (In years last birthday) 73 yrs.	Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind during most of working life even if		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	onato Zappac	osta	14. MOTHER'S MAIDEN NA	Franchisea	Trotta
IS. WAS DECEASED EVER IN U.S. AR (Yes, no, or unknown) (If yes give	MED FORCES? wor or dotes of service) 21	3-10-9976 M	informant rs. Giacomini	Addres La Zappacosta	(Same)
Conditions, if ony, which governse to immediate cause (a stating the underlying cause last.), (DUE TO	tenoselenki	Hent Ze	bellen and	8 yrs -
PART II. OTHER SIGNIFICANT (200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE O (IF EITHER, NOTIFY MEDICAL EX. 20c. TIME OF INJURY Month, Hour o.m.	IG □ 20b. DI	ESCRIBE HOW-INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO 5
(IF EITHER, NOTIFY MEDICAL EX. 20c. TIME OF INJURY Month, Hour o.m. p.m.	AMINER)	Not While foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
saw the deceased o		ded the deceased fram_ 19 <u>6 Z</u> , and tha	t death accurred at_	M, fram causes a	nd an the date stated above
22c. PHYSICIAN'S NAME (Type) LAW	CENCE M.	SERRA M.		AED. STAFF DIRECTOR DIPHYS. D	22b. DATE SIGNED 6-7-67
Burial	23b. DATE THEREOF 6/10/67.	23c. NAME OF CEMETERY OR Holy Redeemer	Cemetery	23d. LOCATION (City or Town Baltimore	Md.
24. FUNERAL DIRECTOR Leonard J. Rucl	, Inc. Balte	ADDRESS Md. 21214	DATE JU		GISTRAR'S SIGNATURE

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please sement corban papers. Pages 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs affer deat Poge 4 may be retained by the hospital or ottending physician.

now it fall -- I want

KOLE Collegedere Leer

Dogoto Remoderite

install soft / the reserve makers - three, the

102- 30,1803.

Marilla Contraction

ar_to_ope_ 'es. Oisensinis Lampsonsta ('eme')

CSTS executed led

Pat sintendals of.

ATTENDED ATTENDED

07956

CERTIFICATE OF DEATH

07940

1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)					
(Daltimore	MARYLAND	o. STATE	b. COUNTY	altimore			
l	o. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL ar				
	write RURAL and give nearest town)	Lifetime		ville 8.Md.	4 2.1			
	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d. STREET ADDRESS	LILLO Ogidia	e. IS RESIDENCE			
2	17 Church Lane , Pikesvill	e 3,14.	217 Chu	rch Lane	ON A FARM? YES NO			
1	VAME OF First DECEASED Type or print) John	Middle	lost Zimmer	4. DATE Month OF DEATH June 16.	Day Year 1967 1967			
S. 5			8. DATE OF BIRTH	9. AGE (In years IFL	JNDER 1 YEAR IF UNDER 24 HR			
	Male White WIDOWED	DIVORCED .	July 6,1884	last birthday) Mai 82 yrs.	nths Days Hours Min.			
duri	na mast of working life, even if retired)	ND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County		12. CITIZEN OF WHAT COUNTRY?			
	FATHER'S NAME		14. MOTHER'S MAIDEN I					
	Philip Zimmer	Marie Land	Emma	Peck				
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	21208, Md.			
	s, no, or unknown) (If yes give war or dates of service)	12-01-5369 Mr	. George Zin	mmer ,217 Church				
18. CAUSE OF DEATH (Enter only one cause per me for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTOMANY INTOMICOSE								
	Canditians, if any, which gave rise ta immediate couse (a), stating the underlying cause last.	irisclir	sistle	yferteure				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			`,	19. WAS AUTOPSY PERFORMED? YES NO			
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II of item 18.)				
MEDICA	Haur a.m. While p.m. 19 at war	k at While factor	CE OF INJURY (Home, farm ory, street, affice bldg., etc.)		(Caunty) (State)			
	21. I certify that (1) (this haspital) attended the deceased alive an		death accurred at					
	220. SIGNATURE	eu m.c	1111 at	MED. STAFF DIRECTOR PHYS.	2b. DATE SIGNED			
	22c. PHYSICIAN'S NAME (Type)	TRIV	Paud Paud	allstown	md			
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town)	(Caunty) (State)			
_	REMOVAL (Specify) June 21, 1967	Druid Ridge		Pikesville 3				
24	FURNITAL DIRECTOR A Mansell	ADDRESS (DATE U	1 1001	AR'S SIGNATURE			
7	11 / 1		71111		- U - Y			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

ally Successfully 18, 71, 200 Sign Street Care · · a telephone of a contract to the contract to